Page 1095 of 1758

| · T | { | (; | ; | |
|--|----------------------------|---------------------------------------|---|--|
| Name of the last o | E Margaret | | | " mail direct |
| Wells-Knighton Health Syste | EMERGENCY DE | PARTMENT TEN | IPORARY ORDERS | Kendroon |
| ate/Time // 4/16 | Level of service: Inp | | | 7 |
| Attending M.D. | Chaig | Level of o | are: 📆 Routine 🔲 Tele | metry Step-Down |
| . Diagnosis: \$ / 9. | achis litus | Z HUDS | Childar Care |] PICO |
| . Allergies (Including Food | 11: NKOZ | t | | |
| . Condition: Good 🗆 | | . She full was a kindle | | |
| . Vitals: Floor routine w Urinary catheter/HOUDIN | ith BP every | | | hr for hr |
| NPO/Diet: 1250 | A . | | | |
| Activity: Ad lib Bec | | – ges / Up with assist | ance / Complete bed res | at |
| . Lab/X-Ray: ☐ Bedside g | | | | |
| ☐ EKG & Troponin every | 6 hours times 2 - reason f | or exam: | | SA VA |
| | | <u></u> | | 10000000000000000000000000000000000000 |
| . MEDS: Oxygen via Nas | al Cannula 21 /min 17 Oxy | rgen protocol 🗍 Oth | er | Sto Hall |
| timment of oxidation | | 3 | | 1 |
| | | | | |
| | Ja. | To R. | melio 1. ti | 5 |
| | | 100, 104, | | |
| | | Tayl | way of | |
| | | · · · · · · · · · · · · · · · · · · · | / // | |
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| | | | | والمسارا والمراجع والمسارا والمراجع والمسارات والمراجع والمسارات والمراجع والمسارات والمراجع والمسارات والمراجع |
| | | U. | | |
| | | | | * |
| 0. SALINE LOCK / IV FLUI | DS: NS Q | JB 1-/1 | re | |
| | | | | |
| 1. OTHER: | | | | |
| 2. CONSULT Dr | over to Dr CCan | | | and for i |
| Complete care is turned of Notify him/her STAT or a | | sion/arrival and STA | ent's admission to the ho T for any problems or co | spital. ncerns. |
| Spoke to: | -X) | 00 | Dent | du |
| NA 1 | Physician Sign | | Printed Name | or Dictation # |
| unaction Ale | reflich, RN | 1441665 | | |
| <i>)</i> | W , | te swee wie | | |
| O2675 1 Revised D1/07/2015 | | | EENDERSON 3Y OLK | I, |
| Committee Approved 03/13/2019 Page 1 of 1 | 5 P06003 | . | 10/U1/12 David | R 11/04/16 |
| | | | K32957086 | EXHIBIT |
| | | | | <u> </u> |
| | | | | |

| • | |
|-------------|------------------------------|
| Res | |
| THE RESERVE | PLLUS-KALGHTON HEALTH SYSTEM |

| Pediatrics Bronchiolitis Hospital Order Patient Information Patient Name Date of birth |
|--|
| Patient Information Patient Name Date of birth Level of Service/Diagnosis Plapatient admission -dx Observation A aligned Gender 550 A aligned Gender 5 |
| Allergies No known allergies Known allergies (including food) |
| Activity ☑ Ambulate ☐ Other |
| Diet ☐ Diet, breast milk q 2-4 hr on demand ★ ☐ Diet, infant/pediatric formula q 3-4 hr Diet, regular PNPO ☐ Other |
| Nursing Orders Airborne precautions Elevate HOB Measure intake and output q 12 hr (floor routine) Measure weight daily in Kg Pain Management Protocol, Infant Peripheral IV VS upon arrival, then q 4 hr (floor routine) Notify provider for Notify provider for Other |
| Patient/Caregiver Education DEducation, nebulizer DEducation, upper airway suctioning Dother |
| Ainway suctioning Bronchiolitis Protocol Aibuterol (PROVENTIL) levalbuterol (XOPENEX) 0.31 milligram by nebulizer levalbuterol (XOPENEX) 0.63 milligram by nebulizer levalbuterol (XOPENEX) 1.25 milligram by nebulizer |
| - noted by Jonflith, Ru 14416@ 2200 Trace Williams |

PO3913_1 Revised 08/19/2013 Page 1 of 4



AALIYAH L 10/01/13 3Y 01M Easterling, David R K32957086 11/04/16

100 mm

| WILLIS-RAIGHTON HEALTH SYSTEM |
|--|
| Pediatrics Bronchiolitis Hospital Order cont. |
| Patient Information Region Name Jenden Ser |
| Patient Name |
| Date of birth |
| Respiratory cont Mist hood |
| Mist tent |
| O2 protocol Other |
| IV Fluids NS @ 50 ca/h- |
| Fever Protocol |
| Antipyretics |
| For any temperature greater than or equal to 101° Fahrenheit, start with: Acataminophen (Tylenol Elixir) (160 milligrams per teaspeon). |
| 12-17 lbs or 5.5 - 7.9 kilograms, give 1/2 teaspoon PO every 4 hours PRN |
| 18-23 lbs or 8 - 10.9 kilograms, give 3/4 teaspoon PO every 4 hours PRN |
| 24-35 lbs or 11 - 15.9 kilograms, give 1 teaspoon PO every 4 hours PRN 36-47 lbs or 16 - 21.9 kilograms, give 1 1/2 teaspoon PO every 4 hours PRN |
| Greater than or equal to 48 lbs or 22 kilograms, give 2 teaspoon PO every 4 hours PRN |
| If unable to tolerate PO medication, give same dose as a suppository, rectally For any temperature greater than 102.5° Fahrenheit NOT RELIEVED BY TYLENOL, start lbuprofen |
| Do NOT give to infants under 6 months of age unless specifically ordered by MD |
| Ibuprofen (Motrin Elixir) (199 milligrams per teaspoon) |
| 12-17 lbs or 5.5 - 7.9 kilograms, give 1/2 teaspoon PO every 6 hours PRN 18-23 lbs or 8 - 10.9 kilograms, give 3/4 teaspoon PO every 6 hours PRN |
| 24–35 lbs or 11 – 15,9 kilograms, give 1 teaspoon PO every 6 hours PRN |
| 36-47 lbs or 16 - 21.9 kilograms, give 1 1/2 teaspoon PO every 6 hours PRN |
| 48-59 lbs or 22 - 26.9 kilograms, give 2 teaspoon PO every 6 hours PRN |
| 60–71 lbs or 27 – 31.9 kilograms, give 2 1/2 teaspoon PO every 6 hours PRN Greater than or equal to 72 lbs or 32 kilograms, give 3 teaspoon PO every 6 hours PRN |
| Greater than or equal to 72 lbs or 32 kilograms, give 3 teaspoon PO every 6 hours PRN If temperature remains greater than 102.5° Fahrenheit, alternate Tylenol with Motrin, giving Motrin |
| 2 hours after the Tylenol. Pharmacy may substitute oral tablets if requested by patient. |
| Medications Well- |
| Corticosteroids: Inhaled **Debudesonide (PULMICORT) 0.25 mg/2 mL neb suspension 2 ml by nebulizer q 12 hr age less than or equal to *Lyears** |
| budesonide (PULMICORT) 0.5 mg/2 mL neb suspension 2 ml by nebulizer q 12 hr age less than or equal to 11 years |
| ☐ budesonide (PULMICORT) 1 mg/2 mL neb suspension 2 ml by nebulizer q 12 hr age greater than 11 years |
| Other |
| Corticosteroids: Systemic * |
| prednisoLONE 1 mg/Kg PO daily age less than or equal to 12 years; maximum 60 mg/day prednisoLONE 2 mg/Kg PO daily age less than or equal to 12 years; maximum 60 mg/day |
| prednisoLONE 40 mg PO daily age greater than 12 years |
| methylPREDNISolone (SOLU-MEDROL) mg IV q hr |
| Other |
| moted by Jonkhish DN 11-4-16 @ COO |
| |
| |
| 10/01/13 3¥ 01M |
| PO3913_2 Easterling, David R R32957086 11/04/16 |
| Revised 08/19/2013 PO0005 But the state of t |
| Page 2 of 4 |



| Patient Information Patient Name Date of birth |
|--|
| Date of birth |
| Medications cont |
| Cough Preparations SHROBITUSSIN pediatric cough syrup LA ml PO q 6 hr prn for cough ROBITUSSIN pediatric cough and cold syrup LA ml PO q 6 hr prn for cough Other |
| |
| Other Medications |
| |
| |
| |
| Laboratory Chemistry Blood gas, capillary now Blood gas, venous now Creatinine, serum now Glucose now Other Hematology Bilirubin, total now now now CBC w automated WBC differential now now now Other Other |
| Microbiology Culture, blood now Culture, stool now Culture, urine now Influenza virus A and B, EIA now, by nasal swab RSV antigen now Rotavirus antigen now |
| Other |
| Panels Basic metabolic panel Comprehensive metabolic panel Renal function panel □ now □ in am |
| Franklin, RN 11-4-16 @ 2200 |
| 10/01/13 3Y 01M Rasterling, David R K32957086 11/04/16 |

PO3913_3 Revised 08/19/2013 Page 3 of 4

P00005



Pediatrics Bronchiolitis Hospital Order cont.

| Patient Information Patient Name Date of birth |
|--|
| Laboratory cont |
| Urine Studies Urinalysis screen w reflex microscopic now □ catheterized □ clean catch midstream □ pediatric urine collector |
| Other |
| Radiology X-ray XR, chest 1 view now-reason for exam XR, chest 2 view now -reason for exam XR, kidney-ureter-bladder now -reason for exam Other |
| Consults Care management consult Consult to Consult to |
| Other Rocephin songly 10 2 21° |
| Physician signature Date/Time Date/Time |
| Printed Name or Dictation # Physics Rw 144-16@2200— |

PO3913_4 Revised 08/19/2013 Committee Approved 05/18/2013 Page 4 of 4





10/01/13 3Y 01M Basterling, David R K32957086

11/04/16

| Page 1100 of 1756 | |
|--|---|
| | |
| Willis-Kinghton Health System Pediatric Hospitalist Progress Note | |
| Date: II le [1] Time: Name:Aaiyah | |
| Interval History: Resting in □ bed □ chair □ crib □ No new problems/complaints | |
| Other afchille sixue admission. No Ox Overnight Edition | <u> </u> |
| Spaced to g 4° dang well. | - |
| Meds: ☐ Reviewed Remarks | minterestapement |
| ☐ Discussed Assessment/Plan with ☐ patient ☐ family at ☐ bedside ☐ per phone | |
| ROS: ☐ 10 systems reviewed otherwise Negative Positive: | |
| Interval Physical Exam: Vitals: temp 990 HR 138 RR 25 02 sat 1007. FA | |
| Vitals: temp V-10 HR 150 PR 23 02 Sat 100 7 Th | |
| General: □ Well-hydrated □ WN ☑ NAD □ Nontoxic □ Remarks HEENT: ☑ Normocephalic atraumatic □ Anterior fontanelle open & flat □ PERRL ☑ Conjunctiva clear | |
| No fining the accomposition Nasal flaring Tempanic membranes normal bil Oral mucosa moist Pharynx n | ormal |
| Remarks Class | Ottion |
| Neck:☑Normal ☑ Supple ☐ No rigidity ☐ Adenopathy ☐ Masses ☐ Jugular vein distention ☐ Remarks | |
| Heart: Normal OSTS2 normal RRR O Murmur O Remarks | |
| Lungs: ☐ Normal ☐ CTA bil ☐ Unlabored Air movement: ☐ Good ☐ Fair ☐ Poor ☐ Unlabored ☐ Rales ☐ Rt | nonchi |
| □ Wheeze (end expiratory/Inspiratory) □ Crackles □ Retractions □ Stridor □ Remarks <u>WOW ALCWAY</u> NUK | Note |
| Abdomen: ☐Normal ☐ Soft ☐Non-tender ☐Non-distended ☐ Normal active bowel sounds ☐ Hepatosplenome | galy |
| □ Masses □ Remarks | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Extremities: Normal QCyanosis Capillary refill less than 2 seconds Capillary refill less than 3 seconds Capillary refill l | |
| □ Remarks | |
| Musculoskelatal: ☑Normal ☑Joints full ROM ☐Pain ☐ Contractures ☐ Weakness ☐ Remarks | |
| Skin: Normal Warm/dry Rash Remarks | Lintant |
| Neuro: ☐ Normal/nonfocal ☐ Warm/dry ☐ Awake ☐ Alert ☐ Oriented ☐ Times 3 ☐ Irritable ☐ Sedated ☐ CN 2-12 | Macı |
| □ Remarks | |
| Lab: Reviewed Abnormals Ca 9.7 Segs S2 | |
| | .4 |
| 145 110 3 Alk/Phos 10.0 34.4 Pro Lymphs 36 | |
| marit The | |
| Other: PSVG | |
| | |
| a Charles and a | |
| Impression: 200 km/le: with (tokens 27 Plan: See orders Continue medical managem | em |
| water will to are us. | ······································ |
| 1 Thursday Grantant 4 did Follow labs O2, Respiratory Therapy | ······································ |
| [14] and Po intrue alloward Continue antibiotics, Day# | |
| □ Continue therapy/Rehab □ Nutrition support | |
| complete set predinisolare | |
| And the state of t | |

PN0005

☐ Greg Oji, M.D.(2977)

PN650_1 Devised 05/01/2015 Committee Approved 05/11/2015 Page: 1 of 1

☐ Sharon Tran, M.D. (2944)

Physician Signature



10/01/13 3Y

K32957086

000000001116206

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Willis-Knighton South 2510 Bert Kouns Industrial Loop Shreveport, LA 71108

Patient Name:

K32957086 Adm No: DOB: 10/01/2013

Age:

3Y F

Corp ID:

000001116206

MRN:

1116206

Location:

Inpatient - S5E-K.E551

Ord No: Hospital:

90012 WKS

Ordering Dr. ANNA MICHELLE CRAIG

CC: ANNA CRAIG

Final Report

Admitting Diagnosis: BRONCHIOLITIS-WITH HYPOXIA

Reason For Exam: VIEW LUNG FIELD

Procedure Date: 11/06/2016 Procedure: SXR - XR, chest 1 view Interpretive Location: WKN Accession Number: 3395917

CPT Code: 71010

IMPRESSION: Normal Chest.

RESULT: XR, chest 1 view

Clinical Information: VIEW LUNG FIELD

Comparison: Chest radiograph from 11/4/2016

Findings: Heart size and contour are within normal limits. The lungs are clear of infiltrate, mass, or effusion. No significant skeletal

abnormality is noted.

Electronically Signed by: OSEPH BURGIN M.D. on Nov 6 2016 10:46A

Techs: Pattie D Dallas Additional Staff:

JOSEPH BURGIN M.D. on Nov 6 2016 10:45A OSEPH BURGIN M.D. on Nov 6 2016 10:46A Electronically Signed by:

Printed: Nov 6 2016 10:49AM

CONFIDENTIALITY NOTICE: The document accompanying this telecopy transmission contains confidential information, belonging to the sender which is legally privileged. This information is interested only for the use of the individual for entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to destroy the information after it's stated need has been fulfilled, unless otherwise required by state law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or ection taken in reliance on the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for return of this document.

Page 1102 of 1758

WK South



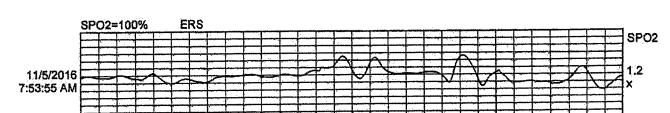
SAVED EVEN

Page 1 of 1 11/5/2016 8:43 AM

Patient Name:

RAIG 10/1/13, aaliyah

ID 1: k32957086 ID 2: Unit: S5PEDS Bed ID: 5516



11/5/2016 7:53:00 AM: HR = ??? bpm, RR = ??? br/min, SPO2 = 100 %

Sweep speed: 25.0 mm/sec

Page: 1

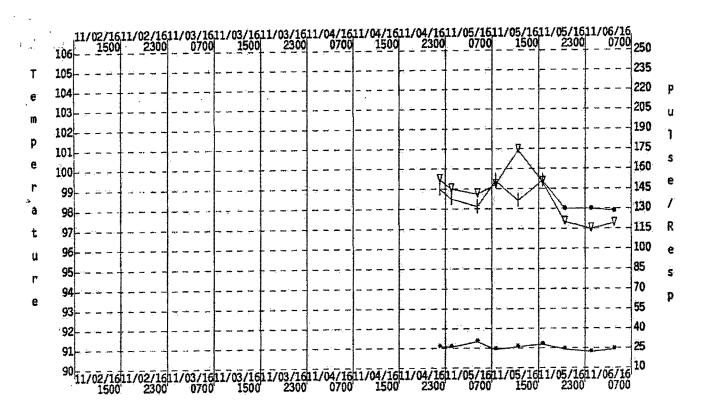
AH L (K000629604)

Age/Sex: 3Y 01M F Room: 5ES K E5516 I (Admitted 11/04/16) 96 hours from Nov 2, 2016 0701 to Nov 6, 2016 0700 Printed 11/06/16 at 0655 by GARDNJ NS

| 27 | | Signs | | | | | | | | | | |
|----|-----|----------|--------|--------|-------|----|----------|----------------|--|--|--|------------------|
| Dä | te- | Time | B/P | BP Pos | Pulse | RR | HR Src | Temo | Temp Src | Weight (LB) | Weight (OZ) | SA02: |
| | /04 | /16 1930 | | | | | | | | 30 | 15 951904 | 3888 |
| 11 | /04 | /16 2200 | 1 | | | | | and a continue | ARAMANIAN I TANAHAN MANAKATAN MANAKA | | Lancoura con concession in the | 100 |
| | /04 | /16 2201 | 121/74 | Lying | 152 | 26 | Apical | 99.0 | Axillary | <i>3</i> 1 | | |
| 11 | /05 | /16 0000 | | | 145 | 26 | Apical | 98.5 | Axillary | ********* | in and the second second | 98 9 9 |
| | /05 | /16 0430 | | | 141 | 30 | Apical . | 98.1 | Axillary | | | |
| 11 | /05 | /16 0738 | | | 148 | 24 | Apical | 99.4 | Axillary | W. 1774 C. | and the contract of the contra | 98 |
| | /05 | /16 1127 | | | | 26 | Machine | 98.4 | Axillary | | | 99 |
| 11 | /05 | /16 1539 | | İ | 150 | 28 | Machine | 99.4 | Axillary | and a second desired the second desired and the second desired as the second desired and the second desired as | entantano nenteratorio | 99 |
| 11 | /05 | /16 1930 | | | 120 | 24 | Machine | 98 | Temporal | | | 99 |
| 11 | /06 | /16 0000 | | 1 | 115 | 22 | Machine | 98 | Tempora 1 | navarani kumpanananana katata | enacecosonen stoonet erannet | 99 |
| 11 | /06 | /16 0400 | | | 1119 | 24 | Machine | 97.9 | Temporal | | | 98 |

| | 11/04/16 | 11/05/16 0700 | I . | | 11/06/16 0700 | *24 hr* |
|------------------------------|----------|---------------------|------------|------------|------------------|--------------------|
| Intake (ml) ORAL: Not #20 | | 120 | 120 | 300 600 | 120 600 | 420 1200 |
| IV: IVEE: Total Intake | | <i>450</i> 570 | 450 570 | 900 | 50 770 | 50 1670 |
| Output (mi) | | 2 | | 3 | 2 | |
| Stool I: | | 570 | 570 | 900 | 770 | 1670 |

Δ T/Tympanic • R/Rectal/No Response ο O/Orally | A/Axillary X / • Resp. Rate: ∇ Heart Rate: ↓↑ Off graph





Willis-Knighton South Nursing **LIVE**
Vital Signs / I&O / Diabetic Flowsheet

Page: 1

- <u>-</u> -

本のいちには、東京の大学の大学では、これ

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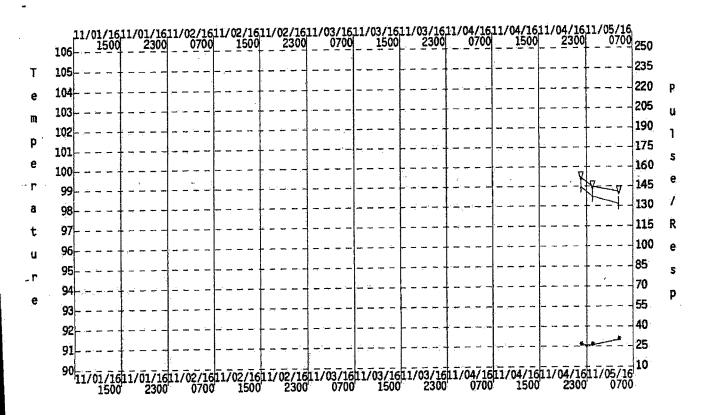
HENDERSON, AALIYAH L (K000629604) Age/Sex: 3Y 01M F Room: 5ES K.E5516 1 (Admitted 11/04/16)

96 hours from Nov 1, 2016 0701 to Nov 5, 2016 0700 Printed 11/05/16 at 0622 by GRIFFJI NS

| Vicati | Sions | | | | | | | | | | | | | | | |
|--------|-----------|--------|----|-----|-----|----|----|-----|-------|------|---------|-----|-------|--|----------|----------------|
| Date- | 1me | B/P | 8P | Pos | Pul | se | RR | HR | Src | Temp | | Src | Weigh | t (LB) | Weight | : (0Z) SA02: |
| 11/04/ | 416-41930 | | | | | | | | | | | | 30 | | 15.95 | 1904 |
| 11/04/ | 16 2200 | | | | | | | | : | | | | | والمتعدد وا | <u> </u> | 100 |
| 11/04/ | 16 2201 | 121774 | Lv | na | 152 | | 26 | AD1 | cal | 99.0 | Axi II | ary | 31 | | | |
| 11/05/ | 16 0000 | | | | 145 | | 26 | ADÍ | cal | 98.5 | Axi11 | ary | | | 1 | [<i>9</i> 8 |
| 11/05/ | 16 0430 | | | | 141 | | 30 | Aoi | cal . | 98.1 | Axi I i | ary | | | | 199 |

| Joseph & Originis | | | | | | |
|-------------------|--|----------------------------|--|--------------|------------|------------|
| Period: 12.00 | 11/03/16 | 11/04/16 | | 1 ' ' | 11/05/16 | |
| Hrs Ending | 1900 | 0700 | *24 hr* | 1900 | 0700 | •24 hr* |
| Intake (ml) | | | | | 120 | 120 |
| IV: | | | | | 450 E70 | 450 570 |
| Total Intake | | topportunit for the second | 0.0000000000000000000000000000000000000 | | | 444 |
| Output (ml) | | | į | | 3 | |
| Void X NN: | and the section of the second section of the section of | | Latin de la companya | Lacastenasia | LE-M | ETA |
| Fluid Selence | | | | <u> </u> | 77.4 | 7/0 |

• R/Rectal/No Response o O/Orally | A/Axillary V Heart Rate: X / * Resp. Rate: ∆ T/Tympanic it Off graph



RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM Laboratory System *Live*
WKS Discharge Summary Report

PAGE 1

LOCATION

LOC: U #: K000629604 ACCT #: K32957086 5ES PATIENT: REG: 11/04/16 AGE/SX: 3Y 01M/F ROOM: K.E5516 DIS: 11/06/16 BED: STATUS: DIS IN REG DR: Craig, Anna M M.D. CHEMISTRY GENERAL CHEMISTRY 3 1 Dav Date NOV 6 NOV 4 Reference Units Time 1656 mg/dL (70 - 109)=> Glucose 83(a) (3.5-5.1)mmol/L 5.4 H 3.9 # => Potassium mmol/L (136-145) => Sodium 145 143 mmol/L 110 H 113 H (98-107)=> Chloride mmol/L 18 L (21-32)=> CO2 23 mg/dL (7-18)=> BUN 12 mg/dL 0.32 0.40 => Creatinine 9.8 (8.5-10.1)mg/dL 9.7 => Calcium mmol/L 12.0 12.0 (5.0-15.0)=> Anion Gap SeeBelow (>60) => eGFR 🖜 (d) (c) (f) (>60) SeeBelow => eGFR *non+ (e)

NOTES: (a) Glucose Reference Ranges:

Fasting Glucose Level: 70-109 mg/dL Impaired Fasting Glucose: 110-125 mg/dL

Defined by the ADA as a category at risk for future diabetes and cardiovascular disease.

The American Diabetes Association (ADA) recommends the following criteria for the diagnosis of diabetes:

Abnormal Fasting Glucose: >=126 mg/dL
Symptoms of diabetes and a random glucose: >=200 mg/dL

- (b) 132 H See also (a)
- (c) Test not performed
- (d) Test not performed
- (e) Test not performed
- (f) Test not performed

Age/Sex: 3Y 01M/F Acct#K32957086 Unit#K000629604

Patient:

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM Laboratory System *Live*
WKS Discharge Summary Report

PAGE 2

LOCATION

| atient: | L | #K32957086 | (Continued) | |
|--|---|--------------------|---------------------|---------------------|
| | | HEMATOLOGY | | |
| Day | 3 1 | · Vid Familian | | |
| Date | NOV 6 NOV | | _ | |
| Time | 0601 16 | 56 | Reference | Units |
| > White Blood Cel | 10.0 19.4 | H | (4.0-12.0) | 10 ⁹ /L |
| > Red Blood Cell | 4.49 4.43 | ; | (4.1-5.2) | 10 ⁶ /uL |
| > Hemoglobin | 10.7°L 10.7 | L | (11.8-14.7) | g/dL |
| > Hematocrit | 34.4 L 33.5 | L . | (35.0-44.0) | ક |
| > MCV | 76.5 75.6 | | (74.0-89.0) | fL |
| > MCH | 23.8 L 24.1 | <u>1.</u> | (27.1-34.2) | pg |
| > MCHC | 31.1 L 31.9 | L | (33.0-35.6) | g/dL |
| > RDW | 14.6 H 15.0 | H | (12.0-14.0) | ર્ |
| > Platelet Count | 290 (g) | | (130-351) | 10 ^ 3/uL |
| > Mean Plt Volume | 7.4 | , | (6.6-10.2) | £L |
| > Neutrophils | 53.9 (h) | | (Not Estab.) | <u>0</u> |
| > Lymphocytes | 36.4 1.8 | | (Not Estab.) | ર્ક |
| > Monocytes | 8.4 1.0 | E. | (3-10) | क्ष |
| > Eosinophils | 0.9 0.2 | | (0.0-8.0) | 2 6 |
| > Basophils | 0.4 0.2 | | (0.0-3.0) | * |
| > Neutrophils # | 5.4 18.7 | | (Not Estab.) | 10^3/uL |
| > Lymphocytes # | 3.6 0.4 | | (Not Estab.) | 10 ⁹ /L |
| > Monocytes # | 0.8 0.2 | | (Not Estab.) | 10 ³ /uL |
| > Eosinophils # | 0.1 0.0 | | (Not Estab.) | 10 ³ /uL |
| > Basophils # | 0.0 0.0 | | (Not Estab.) | 10 ³ /uL |
| > Segmented Neut | 82 | | (Not Estab.) | 9 |
| > Banded Neut | 15 | | (Not Establis | ક |
| > Lymphocytes | 3 | | (Not Estab.) | ક |
| > Hypochromic | 1+ | | (NORMAL) | |
| > Plt Estimate | (i) | | (NORMAL) | |
| Unable platel (h) 96.8 *See M | ets. MANUAL DIFF Jard Automated D | telet Count due to | clumping of | |
| atient: HENDERSON | L | Age/Sex: 3Y 0 | lM/F Acct#K32957086 | Unit#K00062960 |

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 13 of 321 Page #: 722

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM Laboratory System *Live*
WKS Discharge Summary Report

PAGE 3

LOCATION

| Patient: | | L | #K32957086 | (Continued) | |
|---------------------|-----|---|--|---|-------|
| | | | PCR TESTS | | |
| Day Date Time | | 1 NOV 4 1730 | | Reference | Units |
| > RSV b | | R (j) (1) | - 1.00 | (Negative) | *** |
| OTES: | (j) | Negative See also (k) | | | |
| | (k) | NEGATIVE test results should not be used as patient management decoccur if virus is preslimit of detection or region. | the sole basis for tr isions. False negati ent at levels below t | reatment or other ve results may the analytical | |
| | (1) | See Below | | | |
| | (m) | See also (m) The results of this as conjunction with other | say should be interpr laboratory and clini | reted in cal data. | |
| | | | | | |
| | | | | | |
| | | | | | |
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| Page 1 Printed 10/01/19 at 1352 | STS | £ | ı. A | . n | n | •• •• | А | (A | рр | f | J U | Aſ | J F | ı A | - | | D | | Ω . | | C | C | | n | | | | | | | | 11. | - | |
|---|-----------------------|---|---------------------|---------------------|----------------------------------|---|--|--|----------------------------------|--------------------|--|---------------------|---|---------------------|---|----------------------------|-------------------------------------|-------------------|--------------------------------------|-----------------|---------------------------------------|--------------------------------------|--|-------------------------------|--|--|------|---|---------------------------------|--|---|--|--|-------------------------------------|
| Status: Discharged Initiated: 11/04/16 Completed: Protocol: | DATE & TOT DIRECTIONS | | 11/04/16 2042 06,18 | 11/04/16 2042!06,18 | 11/04/16 2042 Q4H | | 11/04/16 2042 MARTINES | SEMELAEY 222 31/40/11 | 2042 | With 1200 25/20/12 | 11/64/16 2042 AS NEEDED | 11/04/16 2042 JATTY | 1/04/16 2002 PK NEEDED | 11/04/16 2042 DALLY | 21/04/26 2042 025 | | 11/04/16 2042 023 | | 11/04/16 2042 AS NEEDED | | 11/04/16 2042 PRN | 11/04/16 2226 QSHIFT | | 11/04/16 6606 Q2H | | | | | ., | | | | | _ |
| | TATE BY CONTRACT | 55. 94/70/1: | 97/50/11 | 11/94/16 36 | 1 52 95/50/11 | | 97/70/77 | 9-/50/ | 1 5/7 97/70/11 1 9/7 97/70/11 | | 05/2/ 05/2/ 05 /04/16 39 | | 57. 75. 75. 75. 75. 75. 75. 75. 75. 75. | | 11/04/16 | | 11/04/16 JG | | 52 97/50/11 | | : 11/64/16 JG | i 85 92/20/11 | | 1 52 95/50/55 1 | | | | | | | _ | | | |
| Millis-Knighton South Nursing **LIVE** Patient's Plan Of Care - PEDIATRIC BASIC FLAN OF CARE | NIEWENTIONS | * Descendent (Fig. 1) and a subject of | done | 160 | - FRONDCOL: ILO * Vital Signs | Vital Signs taken by a NAL are reviewed by an RV. | - FROIDCOL: VITALSINGS * Feed With Assistance | - PROTOCOL: PETINENL * Rows la Dren | | K. | * Line: Cranged :* Enctional Support/Teaching | * Clergy Visits | :* Physician Kounts :* Dierhavee besessment/Diemiro | | * Critical Value Reporting * TV Site # Check/Care | | * Safety Checks | | * Patient Education | | * PAIN Assessment / Maragement - PEDI | * Breathing Pattern, Ineffective | | * Figh Fall Risk Intervention | educated on the fall reduction program | and any individualized fall reduction strated as including but not imited | 100: | 1. MEDICATION REVIEW (VASORCLIVE CIUGS, | antipsychotics, antibistamines, | 2. USE CORRECTIVE LENSES, if applicable. | | 4. OFFER BATHOOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. | 6. CLOSELY OBSERVE DISORIENTED PARTIENTS 7. FINETY A THORITY LIGHTING AT THEFT | 6. USE PROTECTIVE/ASSISTIVE DEVICES |
| Craig, Arra M. M.D. KG2957086 525 K.E5516-1 Patient's | INT BY | D 11/04/16 JG 11/08/16 | | | | | | | | | | | | | | 21,20/15 <u>25</u> 26/25 C | ³ | 0.11/04/16 3G | 55 ST /ES /=+ | 55 51/25/11 C | | 5 11/04/16 US | 52 31/96/15 C | | , | - | | | | | | - | | |
| Agc/Sex: 4Y 04Y ? Attending: Crain th: X000629604 Account th: K029 Admitted: 11/04/26 at 2019 Location: 555 Status: DIS IN ROCH/Bed: K.ES | | Basic Pediatric Nursing Care * Basic mursing care will be provided. | | | | | | | | | | | | | | DUCKY, POTENTAL FOR | * No evidence of injury to pathern. | KNOWIEDGE DEFICET | Treatment of Diagnosis and Prestrent | Pain Management | * Pain Level Acceptable to Patient | * ALKWAY SKEALHIN: SFECTIVE | PATTENT AT HIGH RISK FOR FALLS * NS: Fatlent risk for falling reduced. | | | | | | | | | | | |

| Page 2 Princed | 57/07/07 | at 1352 | SIS | |
|---|--------------------------------------|---|------------------------|--|
| Status: Discharged Initiated: 11/04/16 | Completed: | Protocol: | TATE & TIME DIRECTIONS | |
| | | | COMP BY | |
| | | ful | NET BY | |
| SECORGE, MITTELL | Wills-Krighton South Nursing **IVE** | ent's Plan of Care - PEDIATRIC BASIC FLAN OF CARE | INTERVENTIONS | 9. EXXIATE EMILY TO REINFORCE FALL PRECENTRICK STRATSGIES. 10. INSTRUCT PALIENT TO ASK FOR ASSISTANCE OUT OF HID. 11. ENGINE PALIENT OARE TIDNS NAT WITHIN REACT. 12. KEEP ROOM PRIES OF CLUTTER. |
| | | Patient, | දුල පැර | |
| | | | TRET | The second secon |
| Attending: Craig, Arra M M.D. Account #: K32957086 | Location: SES | 300m/3ed: X.25516-1 | STS INT BY | |
| Agc/Sex: 4% 04% F Thit 4: X000629604 | Achtred: 11/04/16 at 2019 | Status: DIS IN | | |

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|----------------------|---|--|-------------------------|---|---|--|---|---|---|---|
| | 싪 | Sts Directions Documented by Connent Chits | | wed A Q4H CG A DAILY G A DAILY | | 56 A 2M11Y 56 A 2M11Y 56 A 2M11Y 56 A 2M11Y 56 A 505 | A 11/06/1 A Q2H A 11/08/2 | JG None JG A AS NEEDED JG A AS NEEDED | A ::/07/16 3G 3G 3G None A PRN 1G | A AS NEEDED |
| | | cordec e Time | Time: 2042 | cen by a NAI are revie 2 JG 11/04/16 2043 PEDI OR NSY 2 JG 11/04/16 2043 | 11/04/16 2043 11/04/16 2043 11/04/16 2043 11/04/16 2043 | JG 11/04/16 2043 JG 11/04/16 2043 JG 11/04/16 2043 | parient. JG 11/04/16 2043 JG 11/04/16 2043 JG 11/04/16 2043 JG 11/04/16 2043 | 3G 11/04/16 2043 3G 11/04/16 2043 3G 11/04/16 2043 3G 11/04/16 2043 | ole to Patient 2042 JG 11/04/16 2043 2042 JG 11/04/16 2043 2042 JG 11/04/16 2043 2042 JG 11/04/16 2043 Time: 2200 | Discharge Assessment/Planning 11/04/16 2200 JG 11/04/16 2328 Lens/Needs Identified: N |
| | sing **IVE** CNFORMATION | Problem/Goal/Intervention Description Activity Occurred Re- ?ype Date Time by Date | Activity 2010: 11/04/16 | es es | क क्षाक क | 11/64/16 2042 11/64/16 204 | No evidence eate Target Sa re KNOW.FD eate Patient/Fa | Treatment. Creato IJ/04/16 2042 i. ad Target 11/04/16 2042 i. c. create 11/04/16 2042 i. problem: Pain Management Creato 11/04/16 2042 i. c. Creato 11/04/16 2042 i. | Pain Level Acceptal Patte 11/04/16 Target 11/04/16 PAIN Asses: 11/04/16 | zent rge Proc |
| | Willis-Knighton South Mursing **LIVE: HIMS FRINT ALL NURSING INFORMATION | Pro From Crange | Act | CP 400010 | - Crear 45010e 550030 550030 - Crear 550040 | 50090 Crest Crest Crest Crest FD0516 | GOB_1.1 CTC 200021 CTCB_1 CTC | D - C - C - Division - C - C - C - C - C - C - C - C - C - | CP CP CT CP CT | |
| | ESW. | Sts Directions Documented Comment Units | | А (22:: | | | 4 | A 11/08/16 None => A AS NEEDED A | A AS NEEDED A Q2H | |
| Account #: K32957086 | Location: 5ES Room/Bed: K.E5516-1 | corded e <u>Time</u> by C | 7.me: 0000 | High Fall Risk Intervention. Pr. and, as needed, incir family, are concated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: | EVIEW (vasoactiv antihistumines, antihistumines, VE IENSES, '! ag AMBULATION. OM ASSISTANCE. FOOTWEAR. | 6. CLOSELY OSSERVE DISCREANED FALTENIS 7. ENGURE ADEQUATE LICHITING AT NIGHT 6. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-crairs, etc). 9. EDUCATE FAVILY TO REINFORCE FALT PREVENTION STANFECIES. 10. NISTRICT PATIENT OR SET | TI. ENSURE PATIENT CARE TEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER. 11/04/16 COOO 38 11/04/16 2226 36 11/04/26 Time: 2042 Peciatric Nursing Care | 6 2043 6 2043 8 2043 6 2043 5 2043 | II/04/16 2042 JG 11/04/16 2043 JG CYLLICAN VALUE REPORTING ENOTING/16 2042 JG 11/04/16 2043 JG II/04/16 2042 JG 11/04/16 2043 JG II/04/16 2042 JG 11/04/16 2043 JG IV Site #I Check/Care II/04/16 2042 JG 11/04/16 2043 JG II/04/16 2042 JG 11/04/16 2043 JG III/04/16 2042 JG 11/04/16 2043 JG II/04/16 2042 JG 11/04/16 2043 JG II/04/16 2042 JG 11/04/16 2043 JG | |
| Unit #: X000629604 | Admitted: 11/04/16 at 2019 Status: DTS IN | Problem/Goal/Intervention Description Activity Occurred Re | Activity Date: 11/09/16 | 200023 High Fall Ri Pt. and, as councated on and any indi strategies, | 1. MEDICATION R antipsychotics, directics, etc) 2. USE CORRECT 3. ASSIST WITH 6. OFFER BATHRO 5. USE NON-SKID | 6. CLOSENVE DESERVE DES 7. ENGURE ADEQUATE LICG 6. USE PROTECTIVE/ASSI (W/C, Geri-chairs, etc. 9. EDUCATE FAVILY TO R PREVENTION STANFECIES. 10. INSTRUCT PATIENT IN ASSISTANT OFF BRITENT IN ASSISTANT OFF BRITENT IN THE PROTECTION OFF BRITENT IN T | Create 11/04/16 COOC 3G 12 Activity Date: 11/04/16 COC 3G 12 Problem: Basic Pediatric Nursing Care | | Create 11/04/16 2042 Create 11/04/16 2042 Create 11/04/16 2042 102000 Emptional Support Create 11/04/16 2042 200008 IV site #1 Check Create 11/04/16 2042 | - Create 11/64/16 2042 - Create 11/64/16 2042 - Create 11/64/16 2042 |

| Age/Sex: 4Y 04M F Unit #: %000629604 Admitted: 11/04/16 at 2019 | Craig, Anna W.M.D. K32957086 5ES | Milis-Knighton South Nursing | Page: 2 of 31 h Nursing **ZIVE** |
|---|--|------------------------------------|--|
| Status: DIS IN | Room/Bed: K.E5516-1 | HIMS PRINT ALL NURSING INFORMATION | SING INFORMATION |
| Problem/Goal/Interverution Description Activity Occurred Re Type Date Time by Date | Sts Directions Recorded Documented Te by Date Time by Connent Units | From Change | Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Time by Comment Units Crange |
| Activity Date: 11/04/16 | Time: 2209 (continued) | | Activity Date: 31/04/16 Time: 2200 (continued) |
| 100006 Discharge Assesment/Planding SSS OF RESPIRACION DISTRES SWILD TO SHER MEDICAL ATTENTION STALOW UP ORE MEDS/DIET/ACITUTY | essment/Planning (continued) TRESS | | If YES, describe: If YES, describe: "Physical limitations that may affect learning (Y/N): N If YES, describe: "Cognilive limitations that may affect learning (Y/N): N If YES, describe: **Emotional limitations that may affect learning (Y/N): N - Type Appendix a file tray affect learning (Y/N): N |
| Alvangements Made to Meet Nood(s): :ONGOING TEACHING | (ceà(s): Y | | If patient has pain, what issues have been discussed with patient regarding this: :CALL WIRSE AT ONSET OF ANY SIGNS OF PAIN |
| 7.24/4/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/ | Support/Teaching Substitute | e e | Pr/Family encouraged to report concouns about Pt. safety issues: N What safety issues have been additioned with the patient: ID BAND CN, CALL LIGHT IN REACH HED IN LOW POSITION, SIDE RAILS UP, MON AT BEDSIDE TS patient/family notivated to learn (Y/N): Y If NO, explain: TEARNING NEEDS |
| Race (cc/hr) #1: 50 Type of IV Solution #1 (free lext) Site Charged #1: 11/04/16 Ty Tobing Charged #1: 11/04/16 Type Tubing Charged #1: 11/04/16 PSI Actual Reading #1: TY Dressing Charged "Ime #1: TY Dressing Charged "Ime #1: Ty Dressing Charged "Ime #1: Type Type Type Type Type Type Type Type | #1: 50 #1: 11/04/16 #1: 11/04/16 #1: 11/04/16 #1: 11/04/16 #1: 11/04/16 #1: 11/04/16 Site #1: 11/04/16 | ਹੈ | *Disease (Y/N): Y :BRONCHIOLITIS WITH HYPOXIA lso_ation: (Y/N): Y : IV FURP, CALL LIGHI, BED CONTROLS, OZ SETUP, HHN *Procedure (Y/N): Y : ADVAT *Yedication: (Y/N): Y : SEE MAR/ADMIT *New Wedication: (Y/N): N : EGUCATION: Y: PER MD AI DC *FOLIOW-UP care (Y/N): Y : PER MD AI DC *Rehab/Resources (Y/N): N : *Multition: (Y/N): Y : TODDLER DIEI OLier Icaching: FLAN OF CARE, PEDIATRIC SECHRITY POLICY |
| Crib Rails (Up / Down): Not Appl. Number Of Bed Rails Up: 3 Are bedrails up because of meds given: N Bed High GR Low Position: LOW All Alarms Or and Audible: N CPW in use: N Lo Patient Education: Document 11/64/16 2200 JG II/04/16 232 Learner's Preferred Method: One-on-One Teaching Larguage Spoken (002): English If Other, Describe: Faeligious or Caltural practaces that may affec | | C) | If applicable, pt has demonstrated competence to self administer medications: N Medi: NA Medication: Exidence Of Learning Demonstrated By: Expresses Understanding 12012 PALN Assessment / Management - PEDI A PRN C.C Are You Having PALN / Discortors Now: N Is this a new episode of pain: Docation: Of Pain: Docation: Of Pain: Docation: Of Pain: Docation: Of Pain: Pain: Frequency: Character of Pain: Pain: Requency: Character of Pain: Pain: Releved By: Pain: Pain: Releved By: Pain: Pain: Releved By: Pain: Pain: Releved By: Pain: Pa |

Type Of Temperature: Axillary

---- VITAL SIGNS

Blood Pressure: 121/74

Termo: 99.3 Heart Rate: 152

Heart Rate Source: Apical BP Position: Lying

100 SA02:

WT. (KG): 14.1

---- ALLERGIES

Weight Source:

WT. (LB): 31

WT. (OZ):

HT. (IN): 36 HT. (FT):

Rate:

Resp.

SZ

ACVIT

Head Circ (cm):

Fever> or = 100.4 deg F, Headache, Muscle Pain, Vomiting

For patients presenting with the following symptoms: -----TRAVEL CCESTIONS - MANDACORY-----

11/04/16 2226

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11/04/16 2201

Document

· Create 100522

JG 11/04/16 2226

Pediatric Admit Assessment

11/04/16 2201

Time: 2201

Activity Date: 11/04/16

Willis-Krighton South Nursing **IJVE** HINS PRINT ALL NURSING INFORMATION (AF. Attending: Craig, Anna M M.D. X32957086 Room/Bed: K.E5516-1 SES Account #: Location: Admitted: 11/64/16 at 2019

Unit #: K000629604 Age/Sex: 4Y 04Y F

Page: 3 of 31

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From Change What HEALTH PROBLEY Brought You To The Hospital: BREATHING DIFFICULTY, COUGHING, FEVER ----- Patient Language and Communication Barriers -----Documented is identified, isolate the pattent INVENTATELY and contact Have you or a close contact traveled outside of the continental US or come into contact with an Ebola patient Sts Directions If travel to Guinea, Liberia, Nigeria, or Sierra Loone Diarrhea, Abdominal Pain, or Unexplained hemourhage If the answor is YES, ask where the pathent or close the MD, contact the Nursing House Supervisor, and If they say Africa, please ask thom where in Africa Comment Infection Prevention and Control ---- Patient Advocate Support Person (continued) Language Preference for Medical Communication: ENGLISH Language Preference for Medical Communication: ENGLISH contact has traveled in the past 30 days? N á Pediatric Admit Assessment (continued) If other, please specify: NA Do you want anyone notified of your admission? No Name and number of person to notify: NN Was contact made? No Time Do you have a Barrier to Communication (Y/N): N Barrier to Communication (Y/N): N ATAC DENERAL DATA I.D. Band Applied: Yes ID Band Applied If other, please specify: Interpretive Services Provided: Interpreter ID Number: WK Interpretive Services Needed? Recorded Time: 2201 Emergency Room *Repeat Hospital Admit Within 30 Days: N Date Mode Of Admission: Wheel Chair Problem/Goal/Intervention Description Traveled to Where? If yes, when and for what: DX #1: BRONCHIOLITIS WITH HYPOXIA DX #2: 6, Information Optained from: Mother Time Occurred *Admitted From: Activity Date: 11/04/16 Date Activity Type 100522 From Û G Charge Documented Crits Sts Directions CSHIFT CZH ----Pair Interventions----PAIN Assossment / Management - PEDI (continued) Comment 4 ⋖ (continued) 2. USE CORRECTIVE LENSES, if applicable CLOSELY OBSERVE DISCRIENTED PATTENTS ρ, ħ, Ft. and, as needed, their family, are educated on the fall reduction program 1. NEDICATION REVIEW (vasoactive drugs, strategies, including, but not limited and any indivdualized fall reduction ENSURE ADEQUATE LIGHTING AT NICHT Time 6. USE PROTECTIVE/ASSISTIVE DEVICES 9. EDUCATE FAMILY TO REINFORCE FALL 11/04/16 2200 JG 11/04/16 2338 11/04/16 2206 JG 11/04/16 2338 II. ENSURE PATIENT CARE ITEMS ARE 10. INSTRUCT PATIENT TO ASK FOR antipsychotics, antihistamines, Theffective Recorded 12. KEEP ROOM FREE OF CLUTTER OFFER BATHROOM ASSISTANCE. ...me: 2200 High Fall Risk Intervention Cate Fain score: 0 ASSIST WITH AMBULATION USE NON-SKID FOOTWEAR. Problem/Goal/Intervention Description (W/C, Geri-chairs, etc) Cause of pain: Fain scale used to assess pain: Pain Made Werse By: PREVENTION STRATEGIES. ASSISTANCE OUT OF BED Praimacologic (see MAR): N > >1 ά, Breathing Pattern, diuretics, etc). Tine Occurred WITHIN REACH. 5702: 100 Activity Date: 11/04/16 on exygen? Y Confort measures: Emotional support: Cognitive techniques: Date Non-Pharmacologic: Status: DIS IN Activity - Document Is parient Document 102012

| Page: 4 of 31 Printed 10/01/19 at 1352 | From ted Charge | | | | | Heart Disease: N Psych: Disease: N , HLOOD TRANSFUSION Cline: Cline: Cline: | | |
|--|--|-------------------------|--|----------------|---|--|--|--|
| Printed | Sts Directions Documented by Comment | :rued) | GI Problems: N *Heart Discase: N Resp. Problem: Y ISTORY Diabetee: None rearment: :: :: :: :::::::::::::::::::::::::: | | iabetes: Y = eizumes: Y = Fizer i MONTH, | Carcer: N Disbetes: Y Heart Disease: Chey Problems: N Seizwes: Y Psych. Disease: OR 100 DAVS, ON THE VENT FOR 1 MONTH, BLOOD TRANSFUSET REVICUS SURGICAL HISTORY Last Food or Drink Intake: Date: Time: had any problem with anesthesia/sedation (migh fever, | N Seizuses: Y Heart N Seizuses: Y Psych. THE VENT FOR 1 MONTH, BLOOD LHISTORY WITH INTERFE: Date: With anesthesia/sedation () Mith anesthesia/sedation () Mith anesthesia/sedation () NAL Nicable | N Seizures: Y Peych. N THE VEXT FOR 1 MONTH, BLOOD AL HISTORY THAL THAL FIAL FIAL FIAL FIAL FIAL CI Problems: Nor Applicable Abdoncm: Normal A |
| | corded e Tine | Time: 2201 (continued) | it (corrin 5: im=ty: Y izures: N Trait: N JABETTC ii Diabetes 7 Sansy (Y/N) Sansy (Y/N) managing | | N Cancer: N Y Kidney Problems: N :: NI FOR 100 DAMS, OK 7 | X Kidney Problems: N Seizum S: NI FOR 100 DAYS, ON THE VEXT FOR PREVIOUS SURGICAL HISTORY TY? N Last Food or Drink Intake: RELIVES had any problem with snesthal | SUCCEST OF: ABSTREE: N KICKEY PROBLEMS: N SIGNIFICATE HISTORY OF: NI FOR 100 DAME, ON THE VENIOR IN NI PREVIOUS SURGEORE HISTOR SURGERIES: NONE SURGERIES: NONE THE IN NI ACIENT HAVING SURGERY? N LAST FOOD ON THE VENIOR OF ANY OF YOUR TRIBETIVES had ANY PROBLEM WITH A CUITY AWARENING, ECC): N SUBJECT: NO OF TRIBETIVES had ANY PROBLEM WITH A CUITY AWARENING, ECC): N SUBJECT: NO OF ADVINCATIONS: NOTE SITE Of ADVIOURALITY/Inhitation I: NOT Applicable Gait: Unsteady: N DIfficulty Walking: N | Y Kidney Problems: N INT FOR 100 DAYS, ON THE INT FOR 100 DAYS, ON THE THE TOO TO THE THE TOO THE THE THE TOO THE THE THE TOO THE THE THE THE THE THE THE THE |
| sing **LIVE** | Problem/Goal/Intervention Description Activity Occurred Re Type Date Time by Dat | Activity Date: 11/04/16 | 다 # 한 | | FAMILY HISTORY Of: Astorna: N High Blood Pressure: Y Other Significant History of: : WHILE IN NI | FAMILY HISTORY Of: Asthma: N High Blood Pressure: Y Ki Other Significant History of: NI F : WHILE IN NI : Previous Surgeries: NONE : : : Ts the Patient having sungery? N Have you or any of your relatives difficulty awakening, etc): N If YES, explain: | FAMILY HISTORY Of: Astima: N High Blood Pressure: Y Kidney Problems Other Significant History of: NI FOR 100 DANS, HHILD IN NI FREVIOUS SURgeries: NONE History Surgeries: NONE History awakening, etc): N Li YES, explain: LYES, explain: LYES, explain: Site Of Adnormality/Limitation 1: Not Site Of Adnormality/Limitation 2: Not Site Of Adnormality 2: Not Site | TAMILY HISTORY Of: Astinta: N High Blood Pressure: Y Kidney F High Blood Pressure: Y Kidney F WHILE IN NI Previous Surgeries: NONE Have you or any of your relatives had an difficulty awakening, etc): N If YES, explain: Site of Advormality/Limitation Salte of Advormality/Limitation Salte of Advormality/Limitation Salte of Advormality Northlem Stated Current Problem: Nor Applicable Date of last Bowel Movement: 11/04/16 |
| Willis-Knighton South Nursing **INVE HIMS PRINT ALL NURSING INFORMATION | Prob From A Change | Acti | 190522 Doos Psych: | | FAVET: Octiver: | SAKEN STITE : | SAKEY | TINE TINE : : : : : : : : : : : : : : : : : : : |
| W±11159-X HIWS 7 | Sts Directions Documented Ownert | | 2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | Q 1.1. | Ami: Score: | core: | core: | core: |
| Craig, Ama M. M.D. X32957086 555 X.ES516-1 | Time by C | (continued) | continued) intolerance: N N Character of Pain: Character of Pain: Pain Relieved By: | Cause of pain: | | Cause of 1 NIZATIONS 31): No LIST & ALLERGIES LI Medication Inf ROUTE ROUTE | NZATONS 31): No LST & ALLERGIES LL Medication Inf ROUTE : HEN : TOP | NIZATIONS TINE ALLERGIES TINE ACTIE TOP TOP TOP |
| Attending: Account #: Location: Room/Bed: | n Description ed Recorded Time by Date | Time: 2201 | Pediarric Admit Assessment (continued) ontact: NKDA contact: NKDA (Y/N): No, Jatex Allergy ent have any food allorgies/intolerand -Intol: NKFA PAIN PAIN PAIN Dain: Chargency: Pain: Chargency: Pain: Pain: | | Fear most about pain: bblens caused by pain: consulted about pain: s might help the pain: s used to assess pain: cd; Understanding Volced: pptable level of Pain: | pain: | pain: | pain: |
| m: 4Y C4N F #: XCDC629604 xd: 11/64/16 at 2019 is: DIS IN | /Goal/Interventic vity Occurr Date | Act_vity Jate: 11/04/16 | Allergy-Ned/Conzact: NKDA Allergy-Ned/Conzact: NKDA Latex Allergy (Y/N): No, Latex Allergy Does this patient have any food allorgies/intolerance: N Food Allergies-Intol: NKFA Are You Having PAIN / DISCOMPORT Now: N Location Of Pain: Pain Frequency: Character Character Pain Frequency: Character Character Pain See Norse By: Case Case | | Fear most about pain: Problems caused by pain: Who else have you consulted about pain: What treatments might help the pain: Pain scale used to assess pain: Pain Scale baplained; Understanding Vol Patient's Acceptable Level of Pain: | Fear most about pair Problems caused by pair What treatments might help the pair What treatments might help the pair Pain scale used to assess pair Pain Scale Explained, Understanding W Patient's Acceptable Level of Pair Immunizations Current: Y Comment: Flu Vaccine this flu season (Sep 1 **CONTINE** | Fear mo Problems of se have you consult to treatments might pain scale used to cale Explained, Und calent's Acceptable to actions Current: Y vaccine this flu s vector this vector this flu s vector this vector this flu s vector this vector this flu s vector this vector this flu s vector this vector this flu s vector this vector this flu s vector this vector this flu s vector this flu s vector this vector t | Fear mo Problems of Fe have you consult to treatments might Pain scale used to Gale Explained; Und tient's Acceptable tient's Acceptable tworions Current: Y Vaccine this flu s TROCATION |
| Age/Sex: Unit #: Admitted: Status: | Problem Activ | Act_v | 100522 Allergy Allergy Latery Doc at Food Al | | Who els Wha Pain S Pain S | Most Mass Red Mass State | Win else have what the Pather | Wine els Wines St. Pain St. Pa |

Does Child Hold An Object In Each Hand & Bang Them Together: When Child Says Wars/Dada, Is It Said To The Approp Person: Is Child Able To Stand Alone For At Least Two (2) Seconds:

12 Womths:

18 Months: Does Child Drink From A Regular Cup Without Spilling:

Unable to Assess Incision, Dressing Intact: Location:

| | Page: 5 of 31 |
|--|--|
| <pre>Dmit #: KOO6629604 Account #: KAZ957086 Admitted: 11/64/16 at 2019 Location: 5ES</pre> | Nursing **LIVE** |
| | |
| Sis Directions From Activity Occurred Recorded Documented Cype Date Time by Date Time by Comment Units Change | Activity Occurred Recorded Documented Time by Connent Units Change |
| Activity Date: 11/04/16 Time: 2201 (continued) | Activity Date: 11/04/16 |
| 100522 Pediatric Admit Assessment (continued) | 100522 Pediatric Admit Assessment (continued) |
| Using Accesory Muscli Wheezing | Drainage: |
| | 5 |
| Beart Counter February | *Pevelocrentally Delayod: Mentally |
| Edema location: Edema location: Pulse Quality: Normal Pulsation Acnormal Pulse Location(8): NA | Oriented To: Person/Family: Yes |
| Transfusion: N Reaction: If Yes, Explain: Can'llaw, Restl greaty fran 3 septories N Postion: | LCALLOSS NO CONTRACT NO CONTRA |
| | GEVELOPMENTAL ASSESSMENT ADDITIONAL ASSESSMENT ADDITIONAL CALEGOLY. ROVIEW EDNOMMAL RESULTS WITH MITH YOUR TOUNDS. |
| Is this a PRE-ADXIT Assessment: N I varify that I have performed a complete skin assessment and documented all findings below. Skin Temerature(Character: Warm & Drv | 0-3 Morths: Joes Your Baby Smile Or Coo: Des Your Baby Have A Tendency To 'Root' When Hungry: |
| I YES'I N II | Does Your Baby Yunn His/Her Head Toward Sound Of Voices: Do Baby's Eyes Novo In Same Direction He/She Moves Head: Does Baby Grass Objects That Touches Palm Of His/Her Hand: |
| COTA JI | 2 Month of the Control of the Contro |
| IOCATION SALA DESCRIPLION : Arm: : : : : : : : : : : : : : : : : : : | Is Baby Able to Hold Its Head Steady When In Sitting Pos.: Does Your Baby Make Ary Sounds Besides Crying And Cooling: Does Your Baby Make Ary Sounds Besides Crying And Cooling: Does Your Baby Make Ary Sounds Besides Crying And Cooling: |
| | 6 Worths: Then Voir Bains Doach for Ort Of The Reart. |
| | Does Your Bany Read: For Our Carles Out Of Its Additions Does Your Bany See Statil Objects, Doks Ratisins: Does Hour Bany Remail Objects, Sound: Does Your Bany Intitate Speech Sounds |
| | |
| FREE TEXT DESCRIPTION OF SKIN FINDINGS (Size, wound bed,drainage, odor, etc): HEALING RINGWORM LIKE RASH TO BACK OF RIGHT OFFER ARM: OTHERWISE SKIN INTACT | 9 Worths: Does Your Baby Wave Bye-Bye: Does Hou Object, Ex. Rattle, From Hand TO Hand: Does Baby Transfer At Object, Ex. Rattle, From Hang Sounds: |
| | Does Raby Stand Up Holding Onto Someone Or Something: |

Are for Allowed to many 1.1.
Have You Had Sex Education At School:
If Not, Refer To Monthly Program Growing Up Girls/Boys: Interested In Program:
Not Interested In Program

Are You Allowed To Date Yet:

You Belong To Any Clubs, Groups, or Gangs: Which Ones:

What kind of grades Go you make (Good/Fair/Foor): What Kind Of Hobbles Do You Have:

What Is Your Favorite Subject: What Grade Are You In School:

Willis-Knighton South Nursing **LIVE** HIVE PRINT ALL NURSING INFORMATION HENDERSON, Attending: Craig, Arna M.D. Account #: K32957086 Room/Bed: K.E5516-1 SES Location: 2073 Admitted: 11/04/16 at Unit #: X0CC629604 Age/Sex: 4Y 04M F Status: DIS IN

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From Chance Documented Directions Sta ρ Time Recorded Problem/Goal/Intervention Description à Occurred Date Activity Yoe Fron Change Documented Directions Commer Sts ß, Recorded Problem/Goal/Intervention Description ģ, Time Occurred Date Activity 200

Wost Things? Time: 2201 (continued) Pediatric Admit Assessment (continued) Are You Able To Talk To Your Parents: Some Things? How Many Brothers: How Many Sisters: Do You Have Any Brothers: Do You Have Amy Sisters: 100522 Pediatric Ad Tell Me About Your Family: Activity Date: 11/04/16 Able Talk To Parents: Does Your Child Scribble When Given Crayons And Paper: Does Your Child Say Three (3) Words: Can Child Walk All The Way Across A Lg. Rm. W/O Falling: (continued) Pediatric Admit Assessment (continued) Time: 2201 Activity Date: 11/04/16 24 Youths: Y

Nothing?

All Things?

Is Your Child Able To Removo All His/Her Clothes: No Child Able To Stack 4 Objects, Blocks,On Top Of Ea Other: Yes Does Your Child Corbine Words: No Is Your Child Able To Kick A Ball Forward: 13

Is Your Child Abie To Wesh And Dry His/Her Hands: Is Your Child Abie To Name At least Four Items In A Book: Does Child Comprehend At least 2 Action Words, ie Dog Barks: Is Your Child Able To Throw A Ball Overhand: Does Child Use At Least Four Diff Action Words (Verbs): Does Your Child Hop On One Foot: Does Your Child Dress Him/Herself Without Help: Is Your Child Able To Draw A Circle By Copying:

Is Child Able To Draw The Head & 2 Other Parts Of A Person: Is Your Child Able To Name Four Different Colors: Does Child Flay Board/Card Games With You / Other Children: Can Your Child Broad Jump: 5 Years:

Can Your Child Repeat Five Numbers In Proper Seguence: Barara Is A Fruit: Can Your Child Skip: Can Your Child Copy A Square: Is Your Child Able To Define Words, Ie. 6 Years:

Is Your Child In The Grade Appropriate For His/Her Age Has A Friend He/She Plays W/ On A Reg Basis Outside School 7-10 Years:

Is Your Child In The Grade Appropriate For His/Her Age: Does Child Initiate And Complete Tasks Or School Projects: Child Has A Group Of Peers W\ Whom Much Free Time Is Spent: Ji-13 Years:

With Whom Do You Live:

14-18 YEARS:

Other Number: GRANDWOITHER

*Enotional/Psychiatric Assessment: Pediactric/irritable

Potential Barrier to Learning: None

Spiritual Support Reguest No

What:

YES, 2 #

You Have a RELIGIOUS AND/OR CLITTHAL TRADITION We Need To Consider:

Type Of Alcchol Consumed:

Does Patient Drink LIQUOR/BEER/WINE: N

If Yes, How Much:

Does Caregiver Snoke: N Does Patient Use Tobacco: N

How Much Tobacco Used:

Type of Tobacco Used: How Long Tobacco Used:

1

Birch Length

SOCIAL HISTORY

(OZ): 9

Complications at Birth: Y If yes, what: PREFCLAMPSIA

Birth Wt (lbs): 1 Birth Wt (02): 9 Place of Birth (City and Hospital): LSU

Š

you have your first period:

males: Y Have you had your first period: N Yes, what age (yrs) did you have your first p Yes, when Was Your Last Period: NA

Females: Y If Yes, What

WDG: MON Pain or Injury: Should Anyone Else Be Included in Your Teaching: Y If Yes, Are You In a Situation Which Causes You Fear, Do You Feel Abused Or Neglected In Aryway: No Do You Have Thoughts Of Harming Yourself: No

Pmorgency Contact: Name: BLIZABETH ALEXANDER Home Number: 318-347-0227

| K000629604 | | HENDERSON, A | Dage: | ge: 7 of 31 |
|--|--|--|--|----------------------------|
| Admitted: 11/04/16 at 2019 Loc Status: DIS IN Room | Account #: KA2957086 Location: 5ES Room/Bed: K.E55.6-; | Willis-Knighton South Nursing **LIVE** HIKS PRINT ALL NURSING INFORMATION | : Nursing **LIVE** SING INFORMATION | /19 at 1352 |
| Problem/Goal/Intervention Description Activity Occurred Re | iption Sts Directions Recorded Documented / Date Time by Comment Chits | Prom Change | Problem/Goal/Intervention Doscription Sts Directions Activity Occurred Recorded Documented Type Date Tire by Date Time by Comment Units | From |
| Activity Date: 11/04/16 | lime: 2201 (continued) | | Activiny Date: 11/04/16 Time: 2201 (continued) | |
| 100522 Fediatric Admit Ass | Podiatric Admit Assessment (continued) | | sessment (continued) 2 3 | 7 |
| } | VALUABLES/ASSISTIVE DEVICES | | CEP Completely limited Very limited Sightly Limited N | No Impairment |
| PATIENT IS AN INFANT: N | Confere Not Amplicable | | | RoutDiapCig |
| Hearing Aid(s): Not Applicable | Dencures: Not Applicable/Nore | e) | Bedfast Chairfast Walks Occasionally | Age Appropriate |
| Clothes: Not Applicable | Cash: Not Applicable | | NOSILITY Completely Himopile Very Limited Signily Limited NO Limited | NO LIMITATION EXCELLENT |
| Great Cards: Not Applicable Jewelry: Not Applicable | | | AR Significant Problem Problem Potential Problem | No Apparent Problem |
| Other: NA | | | Noderate Assist Vinital Assist Townsonies Commonies | Excellent |
| Officer: Cano. N. Mellon. N. M.C. W. | Disposition: Not Applicable | | ec cap=2sec | 02>95% cap<2sec |
| Acvised To Keep Glasses, Contacts, | Sentures, | | 3 Slightly Limited | |
| N CEAN NOTTANGE NASHED AT GREAN DONATION CASH: | N CARD: N | | Yoisture: 3 - Occasionally Wolst Activity: 4 - Ace Appropriate | |
| Recent History Of: Falls: N Bed Rails: N | N Bed Rails: N *Family Or Sitter: | | 10 E | |
| אָרְהְינֵי אָרְהְינִי | | | | |
| Parient/Family Oriented To: Call Light: X Nursing Bedside Rounds: Y | Bed Control: Y Emergency Light: Y | Tolephone: Y Smoking Policy: Y Undertair: Y | Tissue Perfusion/Oxygemation: 2 - Compromised Total Braden Scale Score: 21 | |
| | · >4 | Supplies: Y | Pt. Salety information Bookiet given to pt/family: Y | |
| Pediatric Fall Risk Assessment | Environmental Factors: 2 (4) History of Fall or Infa | Infart-Todaler | LPN WGO Assisted In Data Collection: RN Signature: JGRIFFITH, RN | |
| (4) Less than 3 years old | Placed in Bed | | in mind M in the control of the cont | |
| | (3) Patient uses assistive | devices or | Activity Date: 11/04/16 Time: 2226 | |
| (2) 7 to less than 13 year old (1) i3 years and above | Furniture/Lighting | 5 | reathing Pattern, Ineffective | |
| | | | - Create 11/04/16 2226 JG 11/04/16 2226 JG CANTO A | |
| (2) Maie (1) Fenale Diacrosis: 3 | (1) Cutpatient Area Response to Surgery/Sedation/Anesthesia | nesthesia l | 3 11/04/16 2226 5G | ŧ |
| (4) Neurological Diagnosis | (3) Within 24 hours | | 3000001 | 3 |
| (3) Alteration in Oxygonalion Respiratory Diagnosis, Debydration, | cyćration, (1) | | PATIENT AT HIGH RISK FOR FALLS | |
| Anemia, Anorexia, Syncope, | Medication Usage: 1 | | | |
| Diziness, etc. (2) Pevrh/Rehavioral Disonders | (3) Multiple usage of: Barbituates, Phemot | secatives, Hyphotics, Flazines, Arti- | NS: Fallent 1.5% JOI Taling Federation 11/04/16 2226 JG 11/04/16 2226 JG | |
| (1) Other Diagnosis | depressants, | Diuretics, | | |
| Cognitive impairment: 1 | Narcotic | 9000 | Activity Jate: 11/04/16 Time: 2300 | |
| (3) Not Aware of Limitations (2) Forgets Limitations | (1) Other Medications/None | anove: | IV Site #1 Chack/Care | G. |
| (1) Oriented to Own Ability | Fall Risk Total: 12 | | - Document 11/04/16 2330 JG 11/05/16 0532 JG 8.0 IV Site #1: Left Hand | |
| FAX. | FALL PRECAUTIONS | | Peripherally inserted Central Catheter (Y/N): N Site Description #1: Normal | |
| Fall Precaution #1: Yellow Idil Wilstowand Fall Precaution #2: Personal items in reach | ı Wıstubana tems in reach | | #1:50 | |
| Fall Precaution #3: Other Precautions: CALL BblL, BED RAILS | BED RAILS | | Type UILV Solution: #1 (like text): NS Site Charged #1: 11/04/16 | |
| BRADEN Q SCA | BRADEN Q SCALE FOR PEDS (LESS THAN 18 YEARS OLD) | | | |

| Attending: | PAST ZAGC: 8 of 31 |
|--|--|
| Unit #: K000629604 Account #: K4285/086 Admitted: 11/04/16 at 2019 Location: 5ES Status: DIS IN ROOM/Bed: K.E5516-1 HING PRINT AL | 11is-Knighton South Nursing **LIVE** HIMS PRINT ALL NURSING INFORVATION |
| Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Comment Units | Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Charge Type Date Time by Comment Units Charge |
| / Date: 11/04/16 | ni m |
| Cteck/C ff: 11/ fi: 11/ fi: 12/04/16 cks 2300 C dside: N Reach: N | 4. OPER BALFROOW ASSISTANCE. 5. USE NON-SKID FOOTWRAN. 6. CLOSELY OBSERVED PATIENTS 7. ENSURE ADEQUATE ILGERIALS AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc). 9. EUCHTE FAMILY TO RENFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ILEMS ARE WITHEN REACH. 12. KEEP ROOM FREE OF CLUITER. 11/M,16,2360, JG 11/05/16,0533, US |
| | Time: 0000 |
| 5 4 7 | ww ⁽² |
| is dies alew eusteen. Deadin: Location Of Pain: Duration Of Pain: Pain Frequency: Character of Pain: | 26 26 98 |
| Onset of Pain: Pain Relieved By: Pain Yade Worse By: Causo of pain: Pain scale used to assess pain: | onitorin 3012 IS |
| Pain score: 0Pai:: Interventions Pramacologic (see MR): N | Activity Date: 11/05/16 |
| Comfort measures: Comfort measures: Comfort measures: Cognitive techniques: Pri and, as needed, their family, are educated on the fall reduction program and any indivdualized fall reduction strategies, including, but not limited to: | IN Size #1. Left Hand ally Inserted Central Catherer (Y/N): N scription #1: Normal s (cc/hr) #1: 50 Solution #1: 11/04/16 Granged #1: 11/04/16 Granged #1: 11/04/16 Settings #1: 1 Reading #1: 1 Reading #1: 1 Reading #1: |
| <pre>:. MEDICATION REVIEW (Vascactive drugs, antipsychotics, antihistamines, diuretics, etc).</pre> <pre>2. USE CORRECTIVE LENGES, if applicable.</pre> | Date IV (#1) started: 11/04/16 Time IV (#1) started: |

| Age/Sex: 4Y 04X F Attending: Craig, Ning M.N.D. | HENDERSON, ANLIYA: L |
|--|--|
| X0C6629604 Account #: K32957086 | |
| Admitted: 11/04/16 at 2019 Iocation: 55S Status: DIS IN Room/Bed: K.E5516-1 Hips FRINT AI | Knighton South Nursing **LIVE** FRINT ALE NURSING INFORMATION |
| Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Jocurented Type Date Time by Date Time by Gorment | Problem/Goal/Intervention Description Sta Directions From Activity Occurred Recorded Docurrented Doc |
| / Date: 11/05/16 | High Fali Risk Intervention (continued) (W/C, Geri-chairs, etc). |
| 20021 Safety Crecks - Document 11/05/16 0200 JG 11/05/16 0533 JG Family Member At Bedside: Y Respiration Coserved: Y Call Light /Telephone In Reach: Y Fall Precautions: Y | 9. EDICATE FAMILY TO RELYFORCE FALL CP PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSESSIBANCE CUT OF BED. 11. STRANCE CUT OF BED. 12. STRANCE CUT OR BED. 13. STRANCE CUT OR BED. 14. STRANCE CUT OR BED. 15. STRANCE CUT OR BED. 16. STRANCE CUT OR BED. 17. STRANCE CUT OR BED. |
| Crib Rails (Up / Down): Not Applicable Number Of Sec Rails Up: 3 Are bedrails up bocause of meds given: N Sed Brakes Locked: Y | 00 3G II/05/16 0533 JG Time: 0200 |
| Bed High CR Low Position: LOW Ali Alarms On and Audibie: N CPM in use: N Pr. Off Inti-N | Telmetry Monitoring A FID8 11/05/16 0200 ISR 11/05/16 0212 ISR 126.1 |
| rent - PEDI A PRV 15/16 0532 JG 0.0 V | Add' Doc: 02 98% Add' Doc: 02 98% Alarm Figh: |
| Iocation Of Pain: Swation Of Pain: | 7 |
| rain reduction: Charcer of Pain: Order of Pain: | Activity Date: 11/05/16 Time: 0300 |
| Pain Relieved By: | re A QZH: CP 11/05/16 0532 JG 8.0 |
| Cause of pain: Pain scale used to assess gain: Pain score: 0 | TV Site #1: Left Hand Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Nonzel |
| | ext): NS 16 |
| Emotional support: | #1: 11/04/16 |
| | PSI Limit Settings #1: PSI Actual Reading #1: |
| Fig. Fail NEW livervoice.or. Pt. and, as necded, their family, are educated on the fall reduction program | CrV Dressing Unarged Sine #1: 11/04/16 |
| and any indivoluatized fall reduction strategies, including, but not limited to: | A Q2H 35 11/05/16 0533 39 Y Respiration Observed: Y |
| 1. MEDICATION REVIEW (vascactive drugs, arribeycrotics, erc). 2. USE CORRECTIVE IENSES, if applicable. 3. ASSIST WITH AMBLIATION. 4. OFFER BATHROOW ASSISTANCE. 5. USE NON-SKID FOOTHORM. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROJECTIVE/ASSISTIVE DEVICES | Cail Light/Letephone In weach: Y Fall Precautions: Y Cail Light/Letephone In weach: Y Fall Precautions: Y Crib Rails (Up / Down): Not Applicable Number of Bed Rails Up: 3 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: N CPX in use: N Pt. Off Unit: N Pt. Off Unit: N |

| C | asc 5.15 | -CV-00103-EE1 -WEIT | 734 | Tiled 05/07/20 Faç | Page 1119 of 1758 |
|--|---|--|--|--|--|
| Page: 10 of 31 Printed 10/01/19 at 1352 | From Crance | C | đ. | გ | ₿ . |
| Printed | ections Documented Units | 21.4 | ن ش | e. | ن ن |
| Wilis-Krighton South Nursing ***LAVE** HIMS PRINT ALL NURSING INFORMATION | Problem/Goal/Intervention Description Ste Directions Activity Occurred Recorded Documen Type Dato Time by Date Time by Consent Un | Activity Date: 11/05/16 Time: 0430 400C10 Vital Signs Vital Signs taken by a NAT are reviewed by an NAT. - Document 11/05/16 0430 JG 11/05/16 0531 JG | 6 Time: 0500 1 Creck/Care 6 0500 JG 11/05/16 053 1eft Hand Central Catheter (Y/N): Normal Normal 1.094/16 | 1V Nubling Changed #1: 1V2B Tubing Changed #1: 1V2B Tubing Changed #1: 1V2B Actual Reading #1: 1V Dressing Changed Site #1: 11/64/16 1V Dressing Changed Site #1: 11/64/16 1V Dressing Changed Lime #1: 20021 20021 20021 20021 11/05/16 0500 JG 11/05/16 0533 JG Partily Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Readi: Y Respiration Observed: Y Call Light/Telephone In Readi: Y Respiration Observed: Y Crib Ralis (Up / Down): Not Applicable Number Of Bod Rails 39: 3 | Are podrails up because of meds given: N Bed Brakes locked: Y Bed High CR Low Position: LOW All Alarms On and Audible: N CPM in use: N Pt. Off Unit: N Locament |
| LIIS.Krighton South Nursing **LIVE HIMS PRINT ALL NURSING INFORMATION | From | 8 | | ני | |
| Age/Sex: 4Y 04M F Attending: Craig, Arra N.N.D. Unit #: K000629604 Account #: K32957086 Admitted: 11/C4/16 at 2019 Location: 5ES Status: DIS IN Room/Bed: K.E5516-1 | Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units | Activity Date: 11/05/16 Time: 0300 102012 PAIN Assessment / Management - PEDI A PRN - Document 11/05/16 0300 3G 11/05/16 0532 3G Are You Having PAIN / DISCONFORT NOW: N Is this a new episode of pain: Duration Of Pain: Daration Of Pain: Pain Frequency: Character of Pain: Onset of Pain: Pain Relieved 3V: Relieved 3V: | Pain Made Worse By: Cause of pain: Cause of pain: Cause of pain: Pain scale used to assess pain: Pain score: 0 Pai | LUGGISTAL MISK THERVENING P. A THERVENING P. A THERVENING P. A THERVENING E COURTED THERVELIES THERVELIES TO THERVENING 6. CCSELY OBSERVE DISORIENTED PATIENTS 7. ENGURE AREQUATE LIGHTING AN NIGHT 8. USE PROJECTIVE/ASSISTIVE DEVICES (W/C, GENICALIES, etc.). 9. EDUCATE FAVILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. NEED ROOM FREE OF CLUTTER. 12. KEEP ROOM FREE OF CLUTTER. 11/05/16 0300 JG 11/05/16 0533 JG |

| Age/Sex: 4Y 04K F Attending: Craig, Arna Y. M.D. | HENDERSON, | Page: 11 of 31 |
|--|---|---|
| Account #: A253/000 Location: 5ES Room/Bed: K.E5516-1 | Willis-Knighton South Nursing **INE** HIMS PRINT ALL NURSING INFORMATION | : Nursing **LIVE** SING INFORMATION |
| Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Comment | ਤੇਾਨਗ Change | Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Change |
| Activity Date: 11/05/16 Time: 0500 (continued) | | Activity Date: 11/05/16 Time: 0530 (continued) |
| 102012 PAIN Assessment / Managerent - PEUI (continued) Pain Made Worse By: Cause of pain: Pain scale used to assess pain: Fain score: 0 | | 450010 Intake (continued) TEX (m_): |
| Pharmacologic (see MAR): N Non-Pharmacologic: Emotional support: Y | | Unine voided (ml): Unine cath. (ml): Color of Unine: Chararer of Unine: |
| Confort measures: Cognitive techniques: 200023 Hict Pall Risk Intervention A COM | e | Unite lict Est (m.): If No Cutput, 1s Pt. Or Dialysis: Void X NV: 2 Tast Void Tare: 7,05/76 Tast Void Line: |
| Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: | | eight cc's Date Of Last EX: |
| | | New Colostomy Output: Old Colostomy Cutput (Num. of stools): NG (ml): Emesis (ml): Rectal Tube (ml): Meas Bld Loss (ml): |
| 5. CSS NAN-SALD FOLMERA. 6. CLOSELY COSCHED DISCILLENTES 7. ENSURE ACECUTE LIGHTING AT NIGHT 8. CSE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc). 9. EDCARE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR | | Chest Tube #1 (m1): Crest Tube #2 (m1): Drain 1: Drain 2: Drain 3: Drain 4: Urosconv (m1): |
| ASSESTANCE OUT OF BED. 11. EXSCRE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER. - Document 11/05/16 0500 JG 11/05/16 0533 JG | | y Fluid (ml): - Misc. Body Fluid: |
| Time: 0530 | | ty Date: 11/05/16 Time: 0730 |
| itake 11/05/16 0530 J | ť | 100006 Discharge Assessment/Planning A AS NEEDED CP CP CP Document 11/05/16 0730 BG 11/05/16 0555 BG |
| ORAL - just H2O [m]: ORAL (not water) m1: 120 Tube Feed (m1): NGT Tube Flushes (m1): PEG Tube Flushes (m1): 2V (m1): 450 IVPB (m1): | | D'schargo Problems/Needs Identified: N :S/S OF RESPIRATORY DISTRESS :WHEN TO SEEK MEDIONL ATTENTION :POLLOW UP CARE :MEDS/DIET/ACTIVITY : |

Attending: Craig, Anna M.D.
Account #: K32957086
Location: 5ES
Room/Bed: X.E5516-1 Age/Sex: 4Y 04M F thit #: K009629604 Admitted: 11/04/16 at 2019 Status: 015 IN

Willis-Knighton South Nursing **LIVE**
HIMS FRINT ALL NURSING INFORMATION

HENDERSON,

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| | | <u></u> |
|--|--|---------|
| Problem/Goal/intervention Description | Problem/Goal/Intervention Description | se — |
| Sts Dir | Sts Dir | From |
| Activity Occurred Recorded Jocamente Jocamente Charge | Activity Occurred Recorded Documented Type Date Time by Comment Units Co | Change |
| Activity Date: 11/05/16 Time: 0730 (continued) | Activity Date: 11/05/16 Time: 0730 (continued) | cv-0 |
| :0006 Discharge Assessment/Planning (continued) | 100507 Reassessment/Evaluation - Pediarrics (continued) IV Puno: Y How Mary IV Punos: 1 Feeding Puno: N Heating Pad: N | 016 |
| Arxangements Made to Meet Need(s): Y : ONGOING TEACHING | ace at beginning of shift: N TEDS in place at | о L. |
| | Maintain Central Line.T.C/PICC/SWAN/PORT/ED CATHENER/UAC/UAC/BROVIAC? (Y/N): N Can this line be removed? (Y/N): N | _, , |
| Roass Di 11/ | Maintain Peripheral IV or FRN Adapter Y/N: Y | VILIT |
| Date: 11/05/16 Shift: TA - 7P Focus / Plan Por The Day: RESP IX,MEDICALIONS,O2 THERAPY Plan Of Care Discussed With Patient: Y Plan Of Care Dodated: 11/05/16 | *Restraints: N *Restraint Type: Has patient had an adverse drug reaction this shift: N If yes, name of Med: Type of Reaction: | Docu |
| Wound: N Oxessing: N Oxain: N Pain At Present Time: N Swallowing Difficuity: N | Does the Fattent Have any Complaints Or Specific Needs: N Specific Needs: Chariff Needs: | ATTIC: |
| t And Disoriented Pupi actric/ quiets easily | Procautions: Y Typo of Precautions: Contact Precaution Standard Precautions: Y Negative Air Pressure Confirmed - Discharge of air Outdoors or HERA Filtration Unit (Y/N): N | 736 |
| Amount Forman Amount Expedit Notice Amount Experience: Not Applicable Amount Experience: Not Applicable Amount Experience: Not Applicable Amount Experience: Not Amount Exp | *IS patient DO NOT RESUSCIFATE: N |)) |
| () * (when using Blender) | (5) | |
| Plise Ofality: Normal Pulsation Edera Of Extremity: None Abdormen: Soft/Active Bowel Sounds Bowel Sounds: Present | (4) Less tran 3 years old (3) 3 to less tran 7 years old (3) 7 to less tran 13 year old (4) Tatient uses assistive devices or | ed 05 |
| Bowel Movement This Shift: N Date Of Last Bowel Movement: | (1) -3 years and above control function to the control of the cont | 1011 |
| Are You Having PALN / DISCOMPORT NOW: N | 3 Responsible Discoosis (3) | |
| | ion Jahnaration | • |
| Character of function Character of Paint | %ed. | |
| Chset of Fain: Pain Relieved By: | Diziness, etc. Psych/Behavioral Disorders | e 2 |
| Pain scale used to assess pain: | (1) Other Diagnosis depressants, Laxatives/Diuretics, Coonitive Impairment: 1 Narcotic | - ' ' |
| Pain score: 0 | tations | Pagi |
| Prarmacologic (see MAR): Non-Frarmacologic: Emotional support: | | 3 1121 |
| Comfort measures: Coomitive techniques: | BRADEN SCALE FOR PEDS (LESS THAN 18 YEARS CLD) 1 2 2 3 4 | o≅ |
| Voiding: Y Indwelling Urinary Catheter Y/N: N Can this catheter be removed? (Y/N): N Color Of Crinc: NOT OBSERVED | SENS PERCEP Completely Limited Very Limited Slightly Limited No Impairment MOSSIGNE Constantly Noist Very Moist Occasionally Moist Rarely Moist ACTIVITY Bedfast Chairfast Walks Occasionally Age Appropriate MOSSILLY Completely Immobile Very Limited Slightly Limited No Limitation NOTHILLY Very Poor Inadequate Adequate Excellent | |

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Willis-Knighton South Nursing **LIVE** HIMS PRINT ALL NURSING INFORMATION

Attending: Craig, Arna M.D.

K32957085

Account #: Location:

Admitted:

From G Ç Change Pt/Family encouraged to report concerns about Pt. safety issues: N What safety issues have been addressed with the patient: ID BAND ON, CALL LIGHT IN REACH HART SAID IN IOW POSITION, SIDE RAILS UP, MOM AT BEDSIDE If patient has pain, what issues have been discussed with patient meganding this: 0.0 5.3 Documented Sts Directions AS NEEDED Respiration Observed: Y OZE Corrert *Religious or Cultural practices that may affect learning: K *Cognitive limitations that may affect learning $(Y/N):\ N$ *Emotional limitations that may affect learning (Y/N): N If VES, describe: "Physical limitations that may affect learning $(Y/N):\,N$ Date IV (#1) started: 11/04/16 Time IV (#1) started: (continued) Crib Rails (Up / Down): Not Applicable 33 Ď, DE TOOL 97/50/TT Time 11/05/16 0730 BG 11/05/16 0955 Learner's Preferred Mothod: One-on-One Teaching *Is patient/family motivated to learn $(Y/N): \ Y$ if NO, explain: IV Site #1 Check/Care (continued) CALL NURSE AT ONSET OF ANY SIGNS OF PAIN Recorded Time: 0730 m % SN. up because of meds given: Bed Brakes locked: Number Of Bed Rails Jp. Bed High OR Low Position: All Alarms On and Audible: Pt. Off Unit: Problem/Goal/Intervention Description IV Dressing Changed Site #1: 11/04/16 Type Of IV Solution #1 (free text): Language Spoken (002): English Jearner: Mother urment 11/05/16 0730 BG Family Member At Bedside: Y Call Light/Telephone In Reach: Y Site Changed #1: 11/04/16 IV Tibing Changed #1: IVPB Tubing Changed #1: 11/04/16 Patient Education Sire Description #1: Normal Tine IV Dressing Changed Time #1: Safety Checks Occurred If Other, Describe: Rate (cc/hr) #1: 50 Activity Date: 11/05/16 PSI Limit Settings #1: PSI Actual Reading #1: If YES, describe: If YES, describe: Date If YES, describe: Are bedrails Activity - Document - Document 200008 No Apparent Problem I vezify that I have performed a complete skin assessment and documented all findings below. Û G If YES, list all location(s) and use the Skin Description lookup and/or Free Text for EACH. Excellent FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc): Kin Temp/Character: Warm & Dry 80.2 9.0 Documenteà Potential Problem Directions AS NEEDED Adeguate - Occasionally Moist WARA REGION THOUSANT OF HASH TO BACK OF STIGHT WHOWEN INTEREST. Q2H Potential Problem Roassessment/Evaluation - Pediatrics (centinued) - Slightly Limited Slightly Limited Correct Age Appropriate Pressure Ulcer/Skin Impairment Since Previous Assessment: N Sts æ Ø 0730 (continued) Ж ģ SKIN DESCRIPTION Peripherally Inserted Cemtral Catheter (Y/N): N K.E5516 1 11/05/16 0730 BG 11/05/16 0959
1V Site #1 Check/Care Time Compromised 11/05/16 0730 BG 11/05/16 1001 Recorded Emotional Support/Teaching Room/Bed: Date Problem/Goal/Intervention Description ine: Extremely Compromised IV Site #1: Left Hand ģ Significant Problem m m 12 COTHERWISE SKIN INTACT Tire Sensory Perception: Moisture: Activity: Mobility: Nutrition: Priction/Snear: Tissue Perfusion/Oxygenation: Total Braden Scale Score: 21 Occurred Unit #: KCC0529604 Unitted: 11/04/16 at 2019 Status: DIS IN Skin Color: Normal Activity Date: 31/05/16 Date Skin Hydration: LOCALTON Activity PERT/OXYGEN FRICT/SHEAR - Document Document 102000 20000B :Arm

| Age/Sex: 4Y 04M F Attending: Craig, Arna M.D. HENDERSON, | CX/ CX |
|--|---|
| 04 | Willis-Knighton South Nursing **LIVE** HIMS PRINT ALL NURSING INFORMATION |
| Problem/Goal/Intervention Description Sts Directions Fr Activity Occurred Recorded Documented Activity Occurred Recorded Comment Comme | From Sts Directions From Sts Directions From Activity Occurred Recorded Documented Time by Comment Units Charge |
| / Date: 11/05/16 Time: 0730 (continued) | High Fall Risk Intervention (continued) 12. KGEP ROOM FREE OF CLUTTER. |
| C-D Patient Börcation (continued) TEACHING SUMMARY | Activity Cate: 11/05/16 Time: 0738 |
| N: (X/X) X: (X/X) X: (X/X) X: (X/X) X: (X/X) | 400010 Vital Signs taken by a NAT are reviewed by an RX. Vital Signs taken by a NAT are reviewed by an RX. Document 11/05/16 0738 CJP 11/05/16 0738 CJP 21.4 Blood Pressure: Blood Pressure: Blood Pressure: Frap: 99.4 Type Of Temperature: Axillary Heart Rate: 148 Heart Rate Source: Apical |
| **O-IOW-UD GAZO (Y/N): Y: FEX YEA A. D. RohaD/Resources (Y/N): X: YODDLER DIET *NULTITION: Y: YODDLER DIET OCHER Teaching: PIAN OF CARE, PEDEATRIC SECURITY FOLICY | |
| : II applicable, pu has demonstrated competence to self administer medications: N Nedi: NA | 40105C Telmetry Momitoring A 3ED8 126.1 - Document 11/05/16 0800 ERS 11/05/16 0804 ERS 126.1 - Rate From Telemetry Momitor: |
| Yethod Of Instruction: Explain Evidence Of Learning Demonstrated By: Expresses Understanding 3000001 Breathing Pattern, Ineffective A CHIFT - Document 11/65/16 0730 BG 11/05/16 1001 BG SAO2: Is patient or oxygen? Y 200023 High Fall Atsk Intervention A Q2H CP CP CP CP | Alarm High: 100 Alarm Low: 88 Telemetry Electrodes Last Changed: |
| educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: | Meal: Breakfast Percentage of Meal Eaten: Ate 25% Supplement: Percentage of Supplement Consumed: |
| 1. NEDICATION REVIEW (vascactive drugs, antipsychotics, antinistamines, directics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMCUNICN. 4. OFFER BATHGROW ASSISTANCE. 5. USE NON-SKID FOOTWERN. 6. CLOSEIN OBSERVE DISCRIENTED PATIENTS 7. ENSURE ADSCRAFE LIGHTING AP NICHT 8. USE ROCHECTIVE/ASSISTIVE DEVICES (W/C, Geri Crairs, etc). 9. EDOCATE FAVILY TO REINFORCE FALL, PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITENS ARE WITHIN REACH. | ## Activity Jate: 11/05/16 Time: 0900 200006 |

| Status: DIS _N Room/Bed: K.E5516-1 | HINS PHONI ALD NORSHING INFORMATION | NO | |
|--|---|--|--------|
| Problem/Goal/Intervention Description | | Problem/Goal/Intervention Rescription | |
| Documented Documented Thits Change | Activity | Occurred Recorded Documented Date Time by Comment Units | Change |
| Activity Date: 11/05/16 Time: 0900 | Activity Da | Activity Date: 11/05/16 Time: 1100 (continued) | |
| 200021 Safety Checks A Q2H CDCurrent 11/05/16 0900 BG 11/05/16 1901 BG Family Momber At Bedside: Y Respiration Observed: Y Call light/Telephone In Reach: Y Fall Precautions: Y | 200008 TVPB TWENTS PSI Limit S PSI Actual | 200008 IV Site #1 Check/Care (continued) TVPB Tubing Changed #1: 11/04/16 PSI Limit Settings #1: PSI Actual Reading #1: | |
| | V Dressing V Dressing Date IV (# 800515 - Document Physician Vi | 1/04/-0 16 Timo IV (#1) started: A DALLY BG 11/05/16 1100 BG CRADAM Craig, Arna M M.D. A Q2H | e C |
| 200023 High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program | - Document Family Call Light/T | - | |
| ard ary indivolutized idly reduction strategies, including, but not limited to: . MEDICATION REVIEW (Vasoactive drugs, attlipsychotics, antifistamines, | Are bedraile | Armber Or also dails up: 5 Are bedrails up because of medicagiven: N Bed Brakes locked: Y Bed High OR low Position: LOW All Alarms On and Audibie: N CRY in use: N Pr. Off Drit: N | 739 |
| 2. USE CORRECTIVE LENSES, 1f applicable. 3. ASSIST WITH ANGULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NOW, PRIST POUTBRA. 6. CLOSELY OBSERVE DISORIENED PATIENTS 7. ENGINE ANGURE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES | 200023 | High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strutegies, including, but not limited to: | Ĉ |
| (W/C, Geri-chairs, etc). 9. EXCALE FAMILY TO REINFORCE FALL PREDATION STRAIDGLES. 10. INSTRUCE DATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE TIENS ARE WITHIN REACH. 12. KEEP ROOM, FREE OF CLUTTER. | | 1. MEDICATION REVIEW (vascactive drugs, artibeychotics, artibeistamines, diunetics, etc.) 2. UGS CORRECTIVE INNESS, if applicable. 3. ASSEST WITH AYBURATION. 4. OFFER BATHROOM ASSISTANCE. 5. UGS NON-SKID FOOTWEAR. 6. CLOSILY OBSERVE DISORIENTED PATIENTS 7. ENGINE BARNOWARE INCENTIFYED. | |
| Time: 1100 //Care BG 11/05/16 1119 and Carncter (Y/N): N | | 8. USE PROTECTIVE ASSISTANCE DEVICES (W/C, Geri-chairs, etc). 9. EDOCATE PRATIC RELATEDERS. 10. INSTRUCT PATTERT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATTERT OARE ITEMS ARE | • |
| Site Description #1: Normal Rate (cc/hr) #1: Si Type Of IV Solution #1 [free text): NS Site Cranged #1: 11/04/16 IV Tubing Changed #1: | - Document | WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER. 11/05/16 1100 BG 11/05/16 1119 BG | |

| | | -cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 31 of, | 3371258998P#: |
|---|--|---|---|
| Page: 16 of 3: Printed 10/01/19 at 1352 | Fron | C.5. | d Co |
| **IJVE** | Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units | Activity Date: 11/05/16 Time: 1300 (continued) 200021 Sefery Crecks (continued) 200023 High Fall Risk Intervention Pr. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction for the fall reduction of the fall and any individualized fall reduction for the fall reduction of the fall and any individualized fall reduction of the fall and any individualized fall reduction fall and any individualized fall application fall and | Activity Jate: 11/05/16 |
| Age/Sex: 4Y 04M F Unit #: K006629604 Account #: K32957086 Admitted: 11/C4/16 at 2019 Room/Bed: K.F5516-1 Status: DIS IN ROOM/Bed: K.F5516-1 Admitted: 11/C4/16 at 2019 Room/Bed: K.F5516-1 Room/Bed: K.F5516-1 Room/Bed: K.F5516-1 | Problem/Goal/Intervention Description. Sts Directions From Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units Change | Viral Signs | - Document 11/65/16 1300 BG 11/05/16 1525 BG 5.3 Family Wemper At Bedside: Y Respiration Observed: Y Call Light/Telephore In Reach: Y Fall Precautions: Y Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 3 Are bedrails up because of meds given: N Bed Brakos Locked: Y Bed High OR Low Position: LOW All Alarms Or and Audible: N CZX in use: N |

| Age/Sex: 4Y 64M F | | HENDERSON, | Page: 17 | 17 05 31 |
|--|---|---|---|------------------------------|
| Unit #: X006629604 Admitted: 11/04/16 at 2019 Status: DIS IN | Account #: K32957086 Location: 5ES Room/Bed: K.E5516-1 | Willis-Knighton South Nursing **LIVE** HIMS PRINT ALL NURSING INFORVATION | h. Nursing **LIVE** Printed 10/01/19 SING INFORMATION | at 1352 |
| Problem/Goal/Intervention Description Activity Occurred Re Type Date Time by Re | n Description Sts Directions ed Recorded Documented Time by Octaent Units | Prom | Problem/Goal/Intervention Description Sta Directions Activity Occurred Recorded Documented Type Date Time by Comment Units | Fron |
| Activity Date: 11/05/16 | ::me: 1500 (continued) | | Activity Date: 11/05/16 Time: 1539 | |
| 1V Tubing Changed #1: 1V Tubing Changed #1: 1V Tubing Changed #1: PSI Thirt Settings #1: PSI Actual Reading #1: 1V Dressing Changed Site #1: 11/04/16 1V Dressing Changed Site #1: 11/04/16 1V Dressing Changed Time #1: Date IV (#1) started: 11/04/16 Time 200021 Safety Checks - Document 11/05/16 1500 BG 11. Family Member At Bedside: Y | ν, | C | 400010 Vital Signs Vital Signs taken by a NAI are reviewed by an RN Document 11/05/16 1539 CJP 11/05/15 1540 CJP 21.4 Blood Pressure: BP Position: BP Pype: BP Position: BP Type: Temp: 99.4 Type Of Temperature: Axilary Heart Rate: 150 Heart Rate Source: Machine Rasp. Rate: 28 Resp. Rate: 28 SAO2: 99 O2 Delivery: 1 LNG/NC | 8 |
| Call Light/Teleptone In Reach: Y Crib Rails (Dp / Down): Numbor Of Bed Rails Up: Are bedrails up because of meds given: Bed Brakes Locked: Bed High OR Low Position: All Alarms On and Audible: | | | ivity Sate: i cument in cument in L - just H20 AL (not water Tube Feed | 7. D |
| Pt High Fall Ris Pour Course on Course of States of Stat | High Fall Risk Intervention Pr. off Unit: N Pr. drd, as needed, their family, are educated on the fall reduction program and any individualized fall reduction. | ů | PEG Time Finishes (mi): 2V (ml): 600 1VPB (ml): 7PN (ml): 1Epid (ml): 3.cod (ml): | -3 Filed (|
| | | | Activity Date: 11/65/16 Time: 1657 | |
| 1. MEDICATION REVIEW artipsychotics, artih diuctics, etc). 2. USE CORRECTIVE .FN 3. ASS.ST WITH ANGLY. 4. OFFER BATHROOW ASS 5. USE NON-SKID FOOTW | 1. MEDICATION REVIEW (vascactive drugs, arribsychotics, artihistamines, diutcics, etc.). 3. USE CORRECTIVE INSES, if applicable. 3. ASS-ST WITH AMEDIANCE. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. | | 450100 | J7/20 Pag _{ື່} ຍ |
| 6. CLOSELY GASENVE DISCR 7. ENSURE ADEQUATE LIGHT 8. USE FROTECTIVE/ASSSIST (W/C, Geri-chairs, etc). 9. EDUCATE FANILY TO REIPREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASSISTANCE OUT OF BED. | 6. CLOSELY GASHAYE DISCALBATED PATIBATES 7. ENGURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc). 9. EDUCATE FAXILY TO RELYFORCE FALL PREVENTION STRAMPOSIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. | | Urino Inct Est (ml): 11 No Output, IS Pt. On Dialysis: Void XN: 3 Last Void Date: 11/05/16 Last Void Time: Stool X: 0 Stool Weight oc's Date Of Last EN: Color Of Stool: Ancult Of Stool: Ancult Distool: Ileostory (mi): | Page 11 |
| 11. ENGURE PACIE MITHIN REACH. 12. KEEP ROCM FR 11/05/16 1500 | 11. ENSURE PALIENT CARE L'EMS ARE MITHIN REACH. 12. KEEP ROOM FREE OF CLUTIER. 11/05/16 1500 BG 11/05/16 1526 BG | | New Colostony Output: Old Colostony Output (Num. of stools): NG (Tl): Bresis (Tl): Rectal Tube (Ml): Egt, Bld Loss (Ml): Meas Bld Loss (Ml): | 26 of 1758 |

Amount Expectorated: Not Applicable

*Breath Sounds: Coarse

Pupillary Reaction: Equal/Reactive Responds: Spontaneously

*Emotion/Psych Assmt: Pediactric/ quiets easily

Respirations: Normal Cough: None

Ventilator N

Level Of Alerthess: Alert And Disoriented

Dressing: N Drain: N

Wound: N

the fall reduction program

educated on

Pt. and, as needed, their family, are and any indivdualized fall reduction

strategies, including, but not limited

1. MEDICATION REVIEW (vasoactive drugs,

Pain At Present Time: N

Printed 10/01/19 at 1352 E From ß Swallowing Difficulty: N Page: 18 of C Change 0.0 Documented Plan Of Care Discussed With Patient: Y Plan Of Care Updated: 11/05/16 Sts Directions AS NEEDED Corment ď, 4 Focus / Plan For The Day: RESP TX, MEDICATIONS, 02 THERAPY Direction ->07,19 Document when done 2. USB CORRECTIVE LENSES, if applicable. 6. CLOSELY OSSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT Ů, Tire by High Fall Risk Intervention (continued) W W Reassessment/Evaluation - Pediatrics 11/05/16 1930 JG* 11/06/16 0127 USE PROTECTIVE/ASSISTIVE DEVICES 9. EDUCATE FAVILY TO REINFORCE FALL Discharge Assessment/Flanning 11/05/16 1930 JG* 11/06/16 C126 11/05/16 1658 ... ENSURE PATIENT CARE ITEMS ARE INSTRUCT PATTENT TO ASK FOR antipsychotics, antihistamines Recorded KEEP ROCK FREE OF CLUTTER 4. OFFER BATHROOM ASSISTANCE. Jime: 1930 3. ASSIST WITH AVBULATION 2 5. USB NON-SKID FOOTWEAR Problem/Goal/Intervention Description (W/C, Geri-chairs, etc) Discharge Problems/Needs Identified: Arrangements Made to Meet Need (8): Y PREVENTION STRATEGIES ASSISTANCE OUT OF BED WHEN TO SEEK MEDICAL ATTENTION R Shift: 7P - 7A á :S/S OF RESPIRATORY DISTRESS 11/05/16 1658 dinretics, etc). Occurred WITHIN REACH Activity Date: 11/05/16 :MEDS/DIET/ACTIVITY CONGOING TEACHING STOLLOW UP CARE Will's-Knighton South Nursing **LIVE**
HINS PRINI ALL NURSING INFORVATION Date: 11/05/16 Activity - Document - Document Jocument 100501 200023 900001 From HENDERSON, ť Û Ů Chance ص ص 3 Documented Sts Directions ÇZE Respiration Observed: Y Fall Precautions: Y Q2H 22 Corment < Attending: Craig, Arna M.D. гÇ Date IV (#1) started: 11/04/16 Time IV (#1) started: (continued) Crib Rails (Up / Down): Not Applicable DE 8591 91/02/11 DE 8591 91/50/11 ₫, Ŷ 1. Te Perigherally Inserted Central Cainctor (Y/N): N Account #: X32957086 Room/Bed: K.E5516-1 12/05/16 1658 BG 11/05/16 1658 Misc. Body Fluid: Recorded Location: 5ES Time: 1657 . O 11me: 1658 High Fall Risk Intervention Amt. Of Or Asp. Of Misc. Body Fluid (ml); All Alarms On and Audible: N Pt. Off Chits N Are bedrails up because of meds given: N Bed Brakes Locked: Y CPW in use: N SS Bed High OR Low Position: Number Of Bed Rails Jp: Problem/Goal/Intervention Description IV Dressing Changed Site #1: 11/04/16 Type Of IV Solution #1 (free text): IV Site #1 Check/Care IV Sire #1: Left Hand ď Family Member At Bedside: Y Call Light/Telephone In Reach: Y Site Changed #1: 11/04/16 IVPB Tibing Changed #1: 11/04/16 Output (continued) Site Description #1: Normal Tine Chest Tube #1 (ml): Chest Tube #2 (ml): Crostomy (ml): IV Dressing Changed Time #1: Safety Checks Occurred (H) Rate (cc/hr) #1: 50 Admitted: 11/04/16 at 2019 urce Of Cutput Or Asp. Activity Date: 11/05/16 Activity Date: 11/05/16 IV Tubing Changed #1: PSI Actual Reading #1: PSI Limit Settings #1: Nephrostomy WOUND EVAC. #1 Tate of the Unit #: K000629604 Age/Sex: 4Y 04M F Drain 2: Drain 3: Drain 4: Drain 1: Status: DIS IN Activity - Document - Document 200023 20002 200008 450100

| Attending: Craig, Arra M.Y.D. | K32957086 | SES | K.E5516-1 |
|-------------------------------|----------------------|----------------------------|---------------------|
| Attending: | Account #: X32957086 | Location: 5ES | Room/Bed: K.E5516-1 |
| Age/Sex: 4Y C4X F | Unit #: X0CC6296C4 | Admitted: 11/04/16 at 2019 | XI SIC |
| Age/Sex: | Unit #; | Admitted: | Status: DIS IN |

Wilis-Knighton South Nursing **LIVE**
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| Problem/Goal/Intervention Description | Problem/Goal/Intervention Description | |
|---|--|---------------------------------------|
| Sts Dir | rid sus | From |
| Activity Occurred Recorded Documented Charge Appe Date Time by Connent Units Charge | Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units | Change |
| Activity Date: 11/65/16 .:me: 1930 (continued: | Activity Date: 11/05/16 Time: 1930 (continued) | |
| nt/Evaluation - Pedi | | |
| Expectorant Color: Not Applicable Consistency: Not Applicable | ric Fall Risk Assessment | |
| O2: N O2 Delivery: ROOM AIR © % (when using Blender) | (5) | ant-Todčler |
| Files (Tallity, Normal Filestion) Files (Tallity, Normal Filestion) | (4) Less ligh 3 years Old (3) 3 to loca than 7 years old | , O 60 1 |
| /Active Bowel Sounds | To less than 13 year old | oz |
| Bowel Movement Inis Shift: N Date Of Last Bowel Movement: | (1) .4 years and above conduct (2) runnicure/iigg Gendor: i | |
| No over carrier DATA DECOMPOSE N | (1) Maie (1) Female (1) Gutpatient Area Responsie: 3 | Anesthesia l |
| N End of the Control of the Con | odical Diamosis | |
| | ion | |
| Curation Of Pain: | ydration, | |
| | ia, Syncope, Med | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Chec. of Pain: | Diziness, etc. | mattives, Hyphothos, |
| Pars Aervec By: | (2) rSych/senavioral Disorders saturates, remodified Anti- | (Arines, Anti- |
| TAIL VOCA WOLSON | United Table Transitions of the Table Transition of th | 1, D |
| רמייי הרמי ב יינבר ר' מספתים ז'ינים ''רמייי הרמיי ב יינבר ר' מספתים ז'ינים ''רמיי הרמיים ה''רמיי ה'' | cations (2) | |
| | Porgets Limitations | 74 |
| Pharmacologic (see MAR): | (1) Oriented to Own Ability Fall Risk Total: 12 | .3 |
| Non-Pharmacologic: | | |
| Enctional support: | ירוס פנישט פי יאנימי מפרדו) פרודר מסיד ביאסס ירייאלכי | |
| Compared to the second | | 4 |
| Cognitive recinitates: | SENS PERCED (Complete's limited - Very Timited - Sijohtly Limited | No Imairment |
| Voiding: Y Indwelling Urinary Carbeter Y/N: N Can this catheter be removed? (Y/N): N | Constantly Moist Very Moist O | Rarely Moist |
| | Bedfast Chairfast W | Age Appropriate |
| Character Of Crine: Not Observed | WOBILITY Completely Immobile Very Marited Sightly Limited | No Limitation |
| IV Pump: Y How Mary IV Pumps: 1 Feeding Pump: N Heating Pad: N | very roor AR Significant Problem Poten | No Apparent Problem |
| | PERF/OXYGEN Extremely Compromised Compromised Adequate | Excellent |
| SCDs in place at beginning of smitt: N lads in place at beginning of smitt: N | Sensory Perception: 3 - Slightly Limited | |
| Maintain Central Line:TLC/PTCC/SWAN/FORT/FD CACHETER/TAC/UVC/SROVIAC? (Y/N): N | ٠ د | |
| Can this time be removed? (Y/N) : N | 1 | |
| Weinterin Derinheve TV or 250 Riemer V/N. | Modifity: 3 - Singning Limited Nintwition: 3 - Roemane | |
| | | |
| *Restraints: N *Restraint Type: | , | Pi |
| Has patient had an adverse drug reaction this shift: N If yes, name of Xec: Type of Reaction: | Total Braden Scale Score: 21 | age 1 |
| Does the Patient Have any Complaints Or Specific Needs: N | I verify that I have performed a complete skin assessment and documented all findings below. | |
| Specific Needs: | Skin Temp/Character: Warm & Dry | |
| Precautions: Y Type of Precautions: Contact Precaution Standard Precautions: Y | סאני: היענים ווענים ווענים ב | 58 |
| Negative Air Prossure Confirmed - Discharge of air Gutdoors or HEPA Filtration Unit $(Y/N):N$ *is parient DO NOT RESUSCITATE: N | Pressure Ulcer/Skin Impairment Since Previous Assessment: N If YES, list all location(s) and use the Skin Description lookup and/or Free Text for EACH. | ree Text for EACH. |
| | | |

Ě

(Y/N): Y : IV PUMP, CALL LIGHT, BED CONTROLS, 02 SETUP,

(Y/N): Y: SEE MAR/ADMIT (Y/N): N:

*Equipment
*Procedure
*Medication
*New Medication
Education

21.4

ģ

JG* 11/05/16 2249

11/05/16 1930

3.cod Pressure: BP Type:

· Document

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BP Position:

Vital Signs taken by a NAI are reviewed

Type Of Temperature: Temporal

Heart Rate Source: Machine

Heart Rate: 120 Resp. Rate: 24 SAO2: 99

.e.тр: 98

C2 Delivery: ROCM AIR

TIVCA: Y : (N/Y)

(Y/N): X:

Isolation

K

Page: 20 cf 31 Printed 10/01/19 at 1352 From G, 6 Charge CALL LEGHT IN REACH If patient has pain, what issues have been discussed with patient regarding this: CALL NURSE AT ONSET OF ANY SIGNS OF PAIN رب در 0.5 Documented Units Sts Directions PL/Family encouraged to report concerns about Pt. safety issues: N What safety issues have been addressed with the patient: ID BAND CN, HEED IN LOW POSITION, SIDE RAILS UP, MON AT HEDSIDE AS NEEDED TEACHING SUMMARY Respiration Observed: Y Fall Precautions: Y 22. "Religious or Cultural practices that may affect learning: N Contrer: Ø *Smotional limitations that may affect learning (Y/N): N *Cognitive limitations that may affect learning (Y/N): N if YES, describe:
*Physical limitations that may affect learning (Y/N): N
if YES, describe: Crib Rails (Up / Down): Not Applicable * (5) <u>ڻ</u> *Disease (Y/N): Y :BRONCHIOLITIS WITH HYPOXIA ă JG* 11/06/16 0127 3 11/05/16 1930 JG* 11/06/16 0126 Learner's Preferred Method: One-on-One Teaching *Is patient/family motivated to learn $(Y/N): \ Y$ if NO_{ν} explain: Recorded Bed High OR Low Position: LOW Time: 1930 Are bedrails up because of meds given: N Date CPV in use:
Pt. Off Unit:
Patient Education Number Of Bed Rails Up: Bed Brakes Locked: All Alarms On and Audible: Problem/Goal/Intervention Description Language Spoken (002): English Learner: Nother à Call Light/Telephone In Reach: Y ument 11/05/16 1930 Family Member At Bedsido: Safety Checks Occurred If Other, Describe: Activity Date: 31/05/16 SCHEN SKINEWELL If YES, describe: If YES, describe: Date Willis-Knighton South Nursing **LIVE**
HIMS PRINT ALL NURSING INFORMATION Activity Document - Document 200021 From HENDERSON ტ CB C, Change odor, etc): 80.2 8.0 Documented Sts Directions AS NEEDED TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, HEALING RINGWORM LIKE RASH TO BACK OF RICHT UPPER ARM ::: & 92 Roassessment/Evaluation - Pediatrics (continued) Corner Attending: Craig, Arna M.Y.D. Account #: K32957086 < Ø, æ Date IV (#1) started: 11/04/16 Time IV (#1) started: (continued) 11/05/16 1930 JG* 11/06/16 0127 JG* *5 ģ, Peripherally Inserted Central Catheter (Y/N): N K. E5516-1 - me 11/05/16 1930 JG* 11/06/16 0127 Recorded 1930 Emotional Support/Teaching ŝ Room/Bed: Location: ine: Problem/Goal/Intervention Description IV Dressing Changed Site #1: 31/04/16 Type Of IV Solution #1 (free text): TV Site #1 Check/Care IV Site #1: Left Hand ά Site Changed #1: 11/04/16 TVPB Tubing Changed #1: 11/04/16 CIHERWISE SKIN INTACT Site Description #1: Normal 90. IV Dressing Changed Time #1: Occurred Rate (cc/hr) #1: 50 2019 Vital Signs Accivity Date: 11/05/16 IV Tubing Changed #1: PSI Actual Reading #1: PSI Limit Settings #1: 11/04/16 at Date Undt #: X000629604 Age/Sex: 4Y 04% F COCATION DIS IN Activity - Document - Document Status: Admitted: 200008 100501 FREE

| | HENDERSON, AALIYAH I | | Page: 21 of 31 |
|--|---|---|--------------------------|
| 5604 Account #: X32957086 16 at 2019 Location: 5ES | Willis-Knighton South Nursing **LIVE | ** | Printed 10/01/19 at 1352 |
| Status: DIS IN Room/Bed: K.E5516-1 HIMS | PRINT AIL NURSING INFORMA | NITON. | |
| Problem/Goai/Intervention Description | | Problem/Goal/Intervention Description | |
| Sts Directions Activity Occurred Recorded Documented Time by Comment Units | Activity Change Type | SES DIRECTIONS Y Occurred Recorded Documented Time by Comment Directions | From |
| | | | |
| Activity Date: 11/05/16 Time: 1930 (continued) | Activity 2 | Activity Date: 11/05/16 Time: 2300 (continued) | |
| 7-5 Patient iducation (continued) *Nutrition (Y/X): Y :TODDYER DIET Cther Teaching: PLAN OF CARB, PEDIATRIC SECURITY FOLICY : | 200008 Type Of IV Site IV Tubing TVPS Tubing | 200008 IV Site #1 Check/Care (continued) Type Of IV Solution #1 (free text): NS Site Cranged #1: 11/04/16 IV Tubing Cranged #1: LVPB Tubing Changed #1: 11/04/16 | |
| If applicable, pt has demonstrated competence to self administer medications: N Medi: NA Medi: NA | PSI LIMIT Settings PSI Actual Reading IV Dessing Changed IV Dessing Changed | Actual Reading #1: Actual Reading #1: ressing Changed Site #1: 11/04/16 | |
| wethod Of Instruction: Explain Evidence Of Learning Demonstrated By: Expresses Understanding | Date IV 200021 | fl) start Safety | CS |
| Activity_Date: 11/05/16 Time: 2100 | - Document | 3- 11/06/16 Resp | |
| 200008 IV Site #1 Check/Care A QZH - Document 11/05/16 2100 UG* 11/06/16 0154 UG* IV Site #1: Left Hand Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Rate (cc/fr/ #1: 50 Type Of IV Solution #1 (free text): NS Site Catheter #1 (free text): NS Site Catheter #1 (free text): NS | CP Cal. Light, | Call Light/Telephone In Reach: Y Fall Drecautions: Y Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 3 Are bedrails up because of meds given: N Bed High OR Low Position: LOW All Alarms On and Audible: N Off "Alt: N | cument 49-3 1 745 |
| IVPS Tobing Charged #1: 11/04/16 PSI Limit Setlings #1: | Activity | Time: 0 | |
| ccval Reading #1: ssing Changed Site #1: 11/64/16 ssing Changed Time #1: 17 (#1) started: 11/04/16 Time IV (#1) started: | 75 | Vitai Signs Vitai Signs taken by a NAI are reviewed by an RN. | ů. |
| Social Salety Circles - Document 11/05/16 210c JG+ 11/06/16 0154 JG+ - Panily Monber At Bedgide: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y | Blood Pressure: Blood Pressure: Blood Pressure: Blood Pressure: | 11/00/10 0000 OG 11/00/10 ULL OG 3P Position: 98 Type Of Temperature: Temporal | ı. |
| | Heart Resp. | Rate: 115 Feart Rate Source: Machine Rate: 22 SA02: 99 02 Delivery: ROOM AJR | |
| Are bedrails up because of meds given: N Bed Brakes Locked: Y | Activity : | Activity Date: 11/66/16 Time: 0100 | |
| Bed High OR Low Position: LOW All Alarms On and Audible: N CRY in use: N Pr. Off Onit: N | 200008 - Document | IV Site #1 Creck/Care 11/06/16 0100 JG* 11/06/16 0154 JG* IV Site #1: Left Hand | <u>ن</u> |
| Activity Date: 11/05/16 Time: 2300 | Peripher Site De | Perigherally Inserted Central Catheter (Y/N): N Site Description #1: Normal | |
| 200008 | rate (C7/NZ) Site Charged IV Tubing Charged IVER Tubing Charged RET Limit Settlings PST Actual Reading | rate (cc/nz) #.: 50 ype of 12 Solution #.: (free text): Site Granged #.: 11/04/16 1V Tubing Charged #.: 11/05/16 VPB Tubing Charged #.: PSE Limit Sectings #.: PSE Actual Reading #!: | |

| Attending: Craig, Anna X X.D. | HENDERSOX, | Page: 22 of 31 |
|--|--|----------------|
| Unit #: X000529604 Account #: K32957086 Admitted: 11/04/16 at 2019 Location: 5ES Status: DIS IN Room/Bed: K.E5516-1 EINS PR | Willis-Knighton South Nursing **LIVE** HIMS PAINT ALL NURSING INFORMATION | 1/19 at 1352 |
| Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Comment | Froblem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Description Change Type Date Time by Connect Units | From |
| Activity Jate: 11/05/16 Time: 0100 (continued) | Activity Date: 11/06/16 Time: 0400 | |
| 200008 IV Site #1 Check/Care (continued) IV Dressing Charged Site #1: 11/04/16 IV Dressing Charged Lime #1: 11/04/16 IV Dressing Charged Lime #1: 11/04/16 Date IV (#1) starred: 11/04/16 Time IV (#1) starred: A Q2H 200021 Safety Checks Document 11/06/16 C100 JG* 11/06/16 C154 JG* Family Wember At Bedside: Y Respiration Cheerved: Y Fall Drecations: Y Call Light/Telephone In Reach: Y Fall Precations: Y | 40010 Vital Signs Vital Signs taken by a NAI are reviewed by an RN Document | g |
| Number of Bed Rails Up: 3 | | |
| All Alarms On and Audible N CPY in the N C | Check/C 0500 J Left Har Central | č |
| Activity Date: 11/06/16 Time: 0300 | Site Description #1: Normal Rate (cc/hw) #1: 50 | 7 |
| Check/C 030c J Left Han Central | Type Cf IV Solution #1 (free text): NS Site Charged #1: 11/04/16 IV Tubing Charged #1: 11/05/16 IVPS Tubing Charged #1: 11/04/16 PSI Limit Settings #1: PSI Actual Reading #1: | 46 |
| Site Cochin #1: Notice: Tate (cofin) #1: Solution = (free text): NS Site Charged #1: 11/04/16 IV lubing Charged #1: 11/04/16 PSI Limit Soutings #1: PSI Actual Reading #1: | IV Dressing Cranged Site #1: 11/04/16 IV Dressing Cranged Line #1: Date IV (#1) started: 11/04/16 Time IV (#1) started: 200021 - Document 11/06/16 0500 JG* 11/06/16 0530 JG* Family Nember At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precentions: Y | đ |
| IN Dressing Changed Site #:: 11/04/16 IN Dressing Changed Time #1: Date IV (#1) started: 11/04/16 Time IV (#1) started: 20002. Safety Checks - Document | Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 3 CP Are bodrails up because of mods given: N Bed Brakes locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: N CEM in Come of Audible: N CEM in Come of Audible: N | |
| | 1 0 | |
| Bed High OR Low Position: LOW All Alarms On and Audible: N | 450010 Intake A 06,18 - Document 11/06/16 0524 JG* 11/06/16 0525 JG* 10.7 | CP |
| Pr. Off Unit: N | ORAL - just H2O (ml): ORAL (now water) mi: 120 Tube Feed (ml): (NGT Tube Flushes (ml): | |

| 3 of 31 | at 1352 | 770an 30e | | ð | Ů | |
|-------------------|---|---|-------------------------|--|--|---|
| Page: 23 | Printed 10/01/19 4 | F2 Change | | | | |
| | Printed | ections Documented Units | | ຕ <u>ີ</u> ເກ | | |
| | | Sts Directions Documen | | A Q2B rrved: Y | A Q2H | |
| | | s I Time by Co | (continued) | 3å: 5. 3å: | d) | mines, if applicable. MCE. MCE. MCE. WATE. PAVIENTS NG AI NIGHT VP DEVICES FORCE FALL SK FOR TIENS ARE TIENS ARE |
| | | corded | Time: 0700 (c | 8 8 | Crib Rails (Jp / Down): Not Applicable Number of Bed Rails Up: 3 Bed Stakes Locked: Y Relign OR Low Position: LOW Alarms OR and Achible: N Pr. Off Unit: N Ing. Fall Risk Intervention Pr. and, as needed, their family, are studened on the Lall reduction program und any indivdualized fall reduction strategies, including, but not limited co: | 1. NEDICATION REVIEW (VASOACTIVE drugs, antipsychorics, antihistamines, diumetics, etc). 2. USE CORPETATE INNESS, If applicable STATIST ANTIBON. 4. OFFER ANTHROW ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIEMED PATENTS TENSURE ADEQUATE LIGHTING AN NIGHT W. USE PROTECTIVE/ASSISTIVE DEVICES (W/C. Geni-crairs, etc). 9. EDUCATE FAMILY TO REINPORCE FALL PREVENTION STAMEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BID. 11. ENSINE PATIENT TO ASK FOR ASSISTANCE OUT OF BID. 11. ENSINE PATIENT ORE ITEMS ARE WITHIN REACH. 12. KEEP ROOM, FRUE OF CLUTTER. 11./06/16 0700 KMB 11/06/16 0813 KMB |
| | | n Descripti ed Time by 1 | Tin | Check/Care 11/05/16 11/04/16 11/04/16 11/04/16 TM 11/04/16 TM NS 0700 RNE 1 Seach: Y | Crib Rails (Jp / Down): Number of Bed Rails Up:) because of meds given: Bed Brakes Locked) id High OR Low Position: Alams OR and Actiones: Pr. Off Unit: High Fall Risk Intervent the and, as needed, their ducated on the fall red ducategies, including, b | 1. NEDICATION REVIEW (VASCOGCIÀN entipsychotics, antihistamines, diumerics, etc). 2. USE CORRECTIVE IENSES, if ag 3. ASSIST WITH ANCINATION. 4. OFFER BATHROON ASSISTANCE. 5. USE NON-USEND FOOTWEAR. 6. CLOSELVO OBSERVE DISORIENTED 7. ENSURE ADEQUATE INCHITING AI 8. USE PROTECTIVE/ASSISTIVE DE (W/C, Geni-dialis, etc). 9. EDUCATE FAVILY TO REINFORCE PREVENTION STRATECIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. MITHIN REACH. 11. ENSURE PATIENT CARE ITEMS A WITHIN REACH. 12. KEEP ROON FREE OF CLUTIER. 11/06/16 0700 KNB 11/06/16 |
| | k Fo ba | ntervention Occurred Date Ti | 91/90/11 | Tubing Changed #1: 11/05/16 Thorng Changed #1: 11/05/16 Limit Settings #1: Actual Reading #1: Tessing Changed Site #1: 11/04 Tessing Changed Site #1: 11/04 Tessing Changed Site #1: 11/04/16 The Table The #1: The Table The #1: 11/04/16 The Table Table #1: 11/04/16 The Table | Crib Rails (Jp / Jown): Not Applicable Number of Bed Rails Up: 3 up because of meds given: N Bed Stakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Aldible: N CPY in use: N Pt. Off Unit: N High Fall Risk Intervention: Pt. and, as needed, unbit family, are educated on the fall reduction program and any indivdualized fall reduction strategies, including, but not limited to: | 1. WEDICATION REVIEW (Was entipsychotics, antihistar diumetics, etc). 2. UNE ORRECTICE IENSES, 3. ASSIST WITH ANGUATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NOW-SKID POOTWER. 6. CLOSELY OBSERVE DISORIE. 7. ENSURE ADEQLAIE LIGHTIE, CES PROTECTIVE/ASSISTING CES PROTECTIVE/ASSISTING. Geri-Ciairs, etc). 9. EDUCATE FAVIIN TO REIN. 70. LNSTRUCT PATIENT TO ASSISTANCE OUT OF BED. 10. ENSURE PROTECTIVE ORE IN WITHIN REACH. 11. KEEP ROOM FREE OF CLUIL. 11. KEEP ROOM FREE OF CLUIL. |
| , , | Willis-Knighton South Nursing **LIVE* HIMS PRINT ALL NURSING INFORMATION | Problem/Goal/Intervention Description Activity Occurred Re Type Date Time by Date | Activity Date: | 200006 IV Site #1 Check/Care ((1V Tiding Changed #1: 11/05/16 TVPB Tiding Changed #1: 11/04/16 PSI limit Settings #1: PSI Actual Reading #1: TV Dressing Changed Site #1: 11/04/16 TV Dressing Changed Time #1: Date IV #1. Safery Checks - Document 11/06/16 Tim Zon021 Family Wender At Bedside: Y Call Light/Telephone In Readin: Y | Crib Rails (Up / Down): Number of Bed Rails Up: Are bedrails up because of meds given: Bed Brakes Locked) CPV in use: Pr. Off Unit: 200023 High Fall Risk Interventy Pr. and, as needed undededed in as needed undeded and arty individualized fast attegles, individualized fast strategles, individualized fast strategles. | - Document |
| | ghton South NT ALL NURS | From | | Ů | | ಕಿ |
| | Willis-Kri HIYS PRI | O | | | idst Void Time: BX: | v |
| | | Directions Documented nt Units | | 18. 10.7 exted: | : ਰੂਜ਼ 15ਵਾਂ ਹੈਹ ਜ਼ਰੂਜ਼ ਹੈਰ | œ œ |
| M M.D. | | Sts | teď) | A 06,78 JG* Date Cath Inserted: | oid Date | 4 B |
| Craig, Anna M M.D | K32957086 SES K.E551.6-1 | aed Time by | 4 (continued) | | (a) | H (ml): Rody Flaid: Rody Flaid: 11/06/16 0813 KWB 11/06/16 0813 KWB 11/06/16 0813 KWB 11/06/16 0813 KWB |
| Attending: C | Account #: K32957086 Location: SES Room/Bed: K.E5516-L | ription Recorded by Date | Time: 0524 | <pre>cake (continued) (m1): (m2): (m3): 600 (m2): 50 (m2): (m1): (m1): cput 11/06/16 0524 3G* 11/36/16 0525 Unine voiced (m1): Unine cath. (m1): Color Of Unine:</pre> | Character Of Cine: Chine Inc Est (ml): Is Pt. Or Dialysis: Vord X XX: 2 Stool Weigi Stool Consistency: Color Of Stool: Amount Of Stool: Hew Colostomy (ml): Hew Colostomy (ml): Stool Chin: Emesis (ml): Rectal Tube (ml): Fectal Tube (ml): Fectal Tube (ml): Fectal Tube (ml): Fectal Tube (ml): | Find (ml): Misc. Rody F Time: 0700 K/Care KWB 11/06/1 Hand al Catheter (|
| A E | | vention Desc Occurred :e Time | 5/16 | (continued)): 600): 50): 50): 50): 51 (in osst 30* 30* 30* 30* 30* 30* 30* 30* 30* 30* | Character Of Consider Of Color Of Strong Color Of Shroun of Strong Color Of Shroun of Strong Color Of Strong C | rc Tube #1 (ml): st Tube #2 (m'): in 1: in 2: in 3: in 4: |
| 4 W20 Y2 | X0C0629504 11/04/16 at 2019 DIS IN | i/Inter | Activity Jace: 11/06/16 | IN TO THE PROPERTY OF THE PROP | Character of Chrise Unine Inct Set (mi): If No Output, Is Pt. Or Dialysis: Stool X: Stool Cosistency: Color of Stool: Mow Colosiony (utput: New Colosiony (utput: Old Colosiony Output (Num. of Stools): Rectal Tube (mi): Est. Bad Loss (mi): Est. Lad Loss (mi): | rest rest rest rest rest rest rest rest |
| | Unit #: X0C962/ Admitted: 11/04// Status: DIS IN | Problem/Goa Activity Type | Activity | 45010 PEG TUDE PO 450100 - DOCUMENT | 03 620 | CG C |

| Age/Sex: 4Y 04% F | Attending: Craig, Anna M.D. | Z NSEECNEE | Page: 24 of 31 |
|----------------------------|-----------------------------|--|--------------------------|
| Unit #: K000629604 | Account #: K32957086 | | |
| Admitted: 11/04/16 at 2019 | Location: 5F.S | Willis-Knighton South Nursing **LIVE** | Printed 10/01/19 at 1352 |
| Status: DIS IN | Room/Bed: K.E5516-1 | HIMS PRINT ALL NURSING INFORMATION | |

| _/Inter | Problem/Goal/Intervention Description | Sts Directions From Downwarted | <u> </u> |
|---|---|---|----------|
| Line by Comment | Date Iim by Date | fine by Comment | |
| Activity Date: 11/06/16 Time: 0735 | Activity Date: 11/06/16 Time: 0754 | (cortinued) | |
| 400010 Vital Signs taken by a NAL are reviewed | 100507 Reassesment/Evaluation - Pediatrics (continued) Cognitive techniques: | atrics (continued) | |
| - Document 11/06/16 0735 VA 11/06/16 0736 VA 21.4 3lood Prossure: BP Position: BP Position: | Voiding: Y Indwelling Unimary Catheter Y/N: N Can this of Color Of Unine: NOT OBSERVED Character Of Unine: Not Observed | Y/N: N Can this catheter be removed? (Y/N): N Crine: NOT OBSERVED Crine: Not Observed | |
| Heart Rate: 138 Heart Rate Source: Nachine Resp. Rate: 25 | IV Purp: Y How Many IV Purps: 1 Feeding Purp: N Heating Pad: N | Feeding Pump: N Heating Pad: N | |
| Activity Date: 11/06/16 Time: 0754 | Naintain Central Line: LLC/PICC/SWAN/PORT/ED CATHEREX/DAC/CVC/BROVDAC? (Y/N): N | CATHERER (DAC/CVC/BROVINC) (V/N): N | |
| Reassessment/Eval. Direction ->07, | Can this line be removed? $(Y/N): N$ Maintain Peripheral IV or PRN Adapter $Y/N: - Y$ | % × | |
| RAPY | *Restraints: N *Restraint Type: Has patient had an adverse drug reaction this shift: If yes, name of Med: | is shift: Type of Reaction: | 12 |
| ,,,, | Does the Patient Have any Complaints Or Specific Needs: Y Specific Needs: RESPLRATORY THEATHENTS Specific Needs: SAFELY AND CONFORT | iiio Needs: Y | 48 |
| s: Alert And Disoriented :: Pediactric/ quiets easil Normal | Precautions: N Type of Precautions; None Negative Air Pressure Confirmod - Discharge *-s patient DO NOT RESUSCITATE: N | Precautions: N Type of Precautions: None Standard Precautions: Y Negative Air Pressure Confirmed - Discharge of air Cutdoors or HEPA Filtration Unit (Y/N): N *Is patient DO NOT RESUSCITATE: N | |
| Expectorated Norse Expectorated Norse Consistency Not Applicable Or Not Delivery ROOM AIR Pulse Cully: Normal Pulsation Edema Of Extremity: Norse Bodom Ais Sign: Not Indicated Source: Stepants Soft | Pediatric Fall Risk Assessment Age: 3 (4) Less than 3 years old (3) 3 to less than 7 years old (2) 7 to less than 13 year old | Environmental Factors: 2 (4) History of Fall or infant-Toddler Placed in Bed (3) Patient uses assistive devices or Infant-Toddler in Crib or | |
| | (1) 13 years and above Gender: i (2) Malo (1) Female | Furniture/lighting (2) Patient Placed in Bed (1) Outpatient Area | |
| Are You Having PAIN / DISCOMPORT Now: N Is this a new episode of pain: N Location Of Pain: | Diagnosis: 3 (4) Neurological Diagnosis (3) Alteration in Oxygenation | co:/wiesunes_a | |
| Curation Of Pain: Character of Pain: Onset of Pain: | | (1) More than 48 nours Medication Usage: 1 (3) Multiple usage of: Sedatives, Pyprotics, | |
| | (2) Psych/Schavioral Disorders (1) Other Disgresis Cognitive Ingaliment: | Barbicuates, Premotizazioes, Alli- depressants, Laxatives/Diuretics, Narcotis | 133 01 |
| Fain Scole: 0Pain Interventions Frankcologic (see MAR): | (2) Forgets limitations (1) Oriented to Own Ability | (1) Other Wedications/Norse Fall Risk Total: 11 | ,,,,, |
| Non-Prantacologic: Enolional support: Confort measures: | (CESS THAN IS YEARS OLD) | ESS THAN IB YEARS OLD) | |

| Page: 25 of 31 | | Printed 10/01/19 at 1352 | |
|---------------------------------|----------------------|--|-------------------------------------|
| | | Willis-Krighton South Nursing **LIV3** | HENS FRITT ALL THERSING INFORMATION |
| Artending Crain Days V V D | Account #: K32957086 | Location: 5ES | Room/Bed: K.E5516-1 |
| To Many Over 100 Many 100 Miles | unit #: K000629604 | Admitted: 11/04/16 at 2019 | Status: DIS IN |

| Problem/Goal/Intervention Description | Problem/Goal/Intervention Description Sts Directions From |
|--|---|
| Documented | ted its Charc |
| Activity Date: 11/06/16 "ime: 0754 (continued) | Activity Date: 11/06/16 Time: 0809 |
| 100507 Reassessment/Evaluation - Pediatrics (continued) | 100006 Discharge Assosmant/Planning A AS NFEDED CP - Document 11/06/16 0809 KNP 11/36/16 0812 KNP |
| SENS PERCEP Completely limited Very limited Slightly Limited No Impainment MOISTURE Conscantly Moist Very Moist Occasionally Moist Rarely Moist | |
| Rediest Chairiest Welks Occasionally Ag Completely Immobile Very Limited Signity Limited | Discharge Problems/Needs Identified: Y 15/5 OF PERSINATION INSTRUSS 16.5 OF PERSINATION ANTI-ON |
| o_e:: No Apr | SOLION UP CARE SPOINTY SPOSOVET/ACTIVITY |
| Sersory Perception: 3 - Signily Limited No.sture: 3 - Occasionally Moist | |
| | Arrangements Made to Need (s): Y : ONGOING TEACHING |
| Nutrition: 3 - Adequate Friction/Shear: 3 - Potential Problem | PER NO : PER NO : |
| 1 | CD (المرابع على الاسترابع الاستراب |
| Total Braden Scale Score: 22 | ###################################### |
| I verify that I have performed a complete skin assessment and documented all findings below: | 0.0 |
| Skin Color: Normal Skin Temp/Character: Warm 6 Dry Skir Howerier: Mormal | Learner's Preferrod Method: One-on-One Teaching Larquace Spoken (1002): English |
| | If Other, Describe: |
| Pressure Clost/Skin Impainment Since Previous Assessment: N If YES, list all Location(s) and use the Skin Description Lookup and/or Free Text for EACH. | *Religious or Cultural practices that may affect learning: N If YES, describe: |
| LOCALION | *Physical limitations that may affect learning (Y/X) : N |
| Jan : Aash : Aash : | If is, describe: $\star Cognitive \perp initations \ that \ ray \ affect \ learning \ (Y/N) \colon N$ |
| | <pre>if VES, describe: *Smorional limitations that may affect learning (Y/X): X</pre> |
| | |
| | If patient has pain, what issues have been discussed with patient regarding unis: :CAIN NURSE AT ONSET OF ANY SIGNS OF PAIN |
| | |
| | Pt/Family encouraged to report concerns about Pt. safety issues: N What safety issues have been addressed with the patient: ID BAND ON, CALL LIGHT IN REACH |
| FREE TEXT DESCRIPTION OF SKIN FINGURAS (SIZE, WOLMS DEG.STRIRGGE, OCOY, EUC): HERLING RINGWORM LIKE RASH TO BACK OF RIGHT UPPER ARM | מיייבילינוים זילי נוסגן לבט פיודיעט ביסייני לאסידודנסטן אסיד און היוסני |
| OTHERWISE SKIN INFACT | *Is patient/Samily motivated to learn (Y/N): Y |
| | LEARNING NEEDS TEACHING SUMMAY |
| | *Disease (Y/K): Y : BRONCHIOLITIS WEITH HYPOXIA Isolation (Y/K): N :UNIVERSAL *Equipment (Y/K): Y :UV PUXP, CALL LIGHT, BED CONTROLS, O2 SETUP, HEN *Proceeding (Y/K): Y :NTSTRG ROINDS. REASSESSMENTS |
| | 1 . (47/1) |

| Case 5:19-cv-00163-EEF-MLH | Document 49-3 | Filed 05/07/20 | Page 41 of 4881148 atget 0 #: |
|----------------------------|---------------|----------------|-------------------------------|
| | 750 | | |

| Age/Sex: 4Y 04M F Attending: Craig, Arra M.M.D. Unit #: X000629604 Account #: X32957086 | Page: 26 of 37 |
|--|---|
| Admitted: 11/04/16 at 2019 Location: 5ES Willis-Knighton South Nursing Status: DIS IN Room/Bed: K.E5516-1 HIMS PRINT ALL NURSING INFOR | **LIVE** Printed 10/01/19 at 1352 |
| Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Time by Comment Inits Change | Problem/Goal/Intervention Description Sts Directions From C Activity Occurred Recorded Documented House Date Time by Comment Units Change |
| Activity Date: 11/06/16 Time: 0809 (continued) | Activity Date: 11/06/16 Time: 0854 (continued) |
| 1-5 Patient Education (continued) */Medication (Y/N): Y :PREDXISOLOME, ROCEPHIN, PRN-ALUBUTEROL, ROBITUSSIN, IBUPROFEN *New Medication (Y/N): N :NO NEW MEDS Education ::YEDICATION INDICATION AND DOSAGE Education ::YEDICATION INDICATION AND DOSAGE | 200021 Safety Checks (continued) Crib Rails (Up / Down): Not Applicable Number of Bed Rails Up: 3 Are bedrails up because of inches given: N |
| *FOLTOW-UP CATE (17/N): 1 THEN MD AL D. Rehab/Resources (V/N): Y :TODDLER DIET *Nutrition (Y/N): Y :TODDLER DIET Other Teaching: PLAN OF CARE, PEDIATRIC SECURITY POLICY | |
| Ii appiicabie, pt has demonstrated competence to self administer medications: N Nedi: NA | 200023 High Fall Risk Intervention A Q2H CP CP CP and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited |
| Nethod Of Instruction: Explain Evidence Of Learning Denometrated By: Expresses Understanding 3000001 Breathing Pattern, Ineffective A QSHIFT - Document 11/06/16 0869 NVB 11/06/16 0812 NVB SAO2: 100 Is pattent on oxygen? N | YEDICATION REVIEW (vasoactive drugs, tipsycnotics, antihistamines, zetics, etc). USE CORRECTIVE LENSES, if applicable. |
| Activity Date: 11/06/16 Time: 0854 | ASSIST WITH AMBULATION. OFFER BATHROOM ASSISTANCE. |
| 2000C8 IV Site #1 Check/Care A Q2H - Document 11/06/16 0854 VV i1/06/16 C854 VV IV Site #1: Left Hand Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Rate (cc/nr) #1: 50 Type of IV Solution #2 (free text): NS Site Charged #2: 11/04/16 IV Tabing Charged #2: 11/04/16 IV Tabing Charged #2: 11/04/16 | 5. USE NOX-SKID PROJWEAR. 6. CLOSELY OBSERVE DISORIENTS PALTENTS 7. ENSURE ADEQLATE LIGHTLYS AT NIGHT 8. USE PROFECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc) 9. EDUCATE FAMILY TO REINFORCE FALL FREVENTION STRATEGIES. 10. INSTRUCT PALIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENGURE PATIENT CHAE LIENS ARE |
| Limit S Actual Sessing | FREE OF CLUTTER. 54 VV 11/36/16 0854 VV |
| -V JOESELING ULBLEGG 11.22 #1: -V JOESELING ULBLEGG 11.1/4/16 Time IV (#1) Started: 55030-E V (#1) Started: IN MEALINES - Document 11/06/16 0854 VV 11/06/16 0855 VV - Current Diet: TODDIER Add'L Diet Restric: - Meal: Breatfast | 200008 IV Site #1 Check/Care |
| Fercentage of Supplement: Percentage of Supplement Consumed: 200021 Safety Checks - Document 11/06/16 0854 WV 11/06/16 0854 WV Family Member At Bedside: Y Respiration Observed: Y Call Tight/Telephone in Reach: Y Fall Precautions: Y | 04/16 05/16 05/16 04/16 |

| Age/Sex: 4Y 04M F Attending: Craig, Arna X M.D. | | YAH : Page: 27 of 31 |
|--|---|--|
| <pre>thit #: KCO0629604 Account #: KZ2957086 Admitted: 11/04/is at 2019 Location: 5ES Status: DIS IN Room/Bed: X.E5516-1</pre> | Wilis-Knighton South Nursing **INVE HIMS PRENT ALL NURSING ENFORMATION | Nirsing **_IVE** ING INFORMATION |
| Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time of Comment Units | Pron Change | Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Comment |
| Activity Date: 11/06/16 Time: 0900 (continued) | | Activity Date: il/06/16 |
| | | 180551 Discharge Summary (continued) : LASS, CHEST XRAY |
| Ilmo IV (#1) started: A Q2H | t | : 3lood Pressure: 121/74 Heart Raie: 138 Resp. Raie: 25 Temp: 99.0 |
| - Document 11/06/16 0900 KVB 11/06/16 0903 KVB 5.3 Family Monbor At Bedsido: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y | | Flu Vaccine this flu season (Sep 1 - Yar 31): No |
| | | FIGURE - if no to fix or pretromia vaccime, refer to Adult/Infilenza vaccime protocol |
| Are bedrails up because of meds given: N =ed brakes focked: Y =ed fight OR 100 Position: 100 | | 1: Appointment with: Parters/Family to make appointment in: |
| | | 2. Appointment with: Parlent/Family to make appointment in: 2. Appointment unit. |
| 200023 High Fall Risk Intervention A Q2H | ប | |
| Pt. and, as needed, their family, are educated on the fall reduction program and any indivdualized fall reduction strategies, including, but not limited | | 4: Appointment with: Patient/Family to make appointment in: 5: Appointment with: PRIVARY CARE PROVIDER Patient/Family to make appointment in: 3-4 DAYS |
| 1. XEDICATION REVIEW (vasoactive drugs, artipsychotics, artiristamines, | | make appointment in: |
| <pre>diurefics, etc). 2. USE CORRECTIVE IENSES, if applicable. 3. ASSIST WHEN AMELATION. 4. OFFER BATHSOOM ASSISTANCE.</pre> | | carter./ramy .c. waxe appointment Other department referrals such as nome health, physical therapy, hospice, cardiac rehab, etc: |
| 5. USE NON-SKID FOOTWEAR. 6. CLOSEIN GESENE DISCRIENIED PATHENIS 7. ENSURE ADEQUALE LICHITUR AN NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W.C., Geri-Cheirs, etc). 9. EDUCATE PAYLLY TO REINFORCE PALL | | Resume Normal Activity: Y Resume Normal Diet: Yes Diet Information: REGLAR Ary restrictions: NO |
| PREVENTION STRATEGIES. | | TAKE HOME MEDICATIONS |
| ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. | | DOSE ROTTE: 14 MG : EY MOUTH : IL |
| 12. KEEP ROOM FREE OF CLUTTER Document 11/06/16 0900 KVB 11/06/16 0903 KVB | | FREQUENCY: ONCE DABLE (REFERENTE) 2: FINITIORY RESPUTE (BUJDESONIDE) 2: FINITIORY RESPUTE (BUJDESONIDE) 3: 0.25 MG : 1 INSTILE : 11/66/16:500 FM 3: PROTECT RESPUTE (BUJDESONIDE) |
| | | |
| 100551 Discharge Surmary - Creare 11/06/16 1100 RWB 11/06/16 1110 RWB - Document 11/06/16 1100 RWB 11/06/16 1110 RWB - Document 11/06/16 1100 RWB 11/06/16 1110 RWB - Document 11/06/16 1100 RWB 11/06/16 1100 RWB | HARGE AS | 4: PROCATEL UNIT DOSE (A.BUTEAUL SULMINAL : LUMPALE : LUMPALE : LUMPALE : TREQUENCY: EVERY 2 HOURS AS NEEDED FOR WEEEZING ***FRX*** : TYLENDY. (ACETAMATRIPHEN) : BO NO : BY WOUTH : FREQUENCY: EVERY 4 HOURS AS NEEDED FOR TEVE > 101 F |
| Briei Summary Of Hospital Stay: MEDICATIONS, IV FIUIDS, RESPIRATORY TREATMENT EDUCATION | ENT EDUCATION | |

Smoking can be hazardous to your health and those around you. Assistance to stop smoking is available by calling WK QUIT (212-4450), the American lung Association (800-LUNG-USA), or the American Cancer Society (800-QUIT-NOW).

Oue TIME

Next Dose DATE

ROULE

SOC

NEDICATION

FREQUENCY: FREQUENCY:

25:

: 92

21: FREQUENCY:

22:

FREQUENCY: FREQUENCY:

23:

FREQUENCY

2

Cardiopulmonary Home Care Instructions Provided: Is the patient at risk for falling at home: No ---Equipment and Lines---

---Discharge Materials and Information Given to Patient and Family---

List of discharge materials/printed instructions given: DISCHARGE PAPERWORK, PRESCRIPTIONS X2

Page: 28 of 31 Printed 10/01/19 at 1352 From Description of any skin assessment findings and skin care or wound care instructions and/or medications: NO SKIN IMPAIRMENT Change Documented Sts Directions Time: 1100 (continued) ---Skir and Wound Care--á Tine Recorded Discharge Summary (continued) Date Problem/Goal/Intervention Description ć. Occurred Activity Date: 11/06/16 Additional Instructions: Willis-Knighton South Nursing **LIVE** HIMS PRINT ALL NURSING INFORMATION Sliding Scale: FREQUENCY: FREQUENCY: FREQUENCY: PREQUENCY Activity Type 100551 29: 28; 30: HENDERSON, Pron Next Dose Due Next Dose Due DATE TIME Documented Directions RCLE ROUTE 813 Attending: Craig, Arma M. W.D. DOSE Time: 1100 (continued) COSE Ď, Room/Bed: K.E5516-1 Account #: K32957086 Recorded Location: 5ES Discharge Summary (continued) Date Problem/Goal/Intervention Description Š Occurred re Time VEDICATION YEDICATION Admitted: 11/04/16 at 2019 Status: DIS IN Activity Date: 11/06/16 Date Unit #: X000629604 Age/Sex: 4Y 04Y F FREQUENCY: FRECCENCY: FREQUENCY FREQUENCY: FREQUENCY: FREQUENCY PRECIENCY FREQUENCY: FREQUENCY: FREQUENCY: FRECCENCY: PRECUENCY: FREQUENCY FREQUENCY FREQUENCY Activity -73e ICCESI 5 15: ..8: 12: en en : 57 . .. w

| Age/Sex: 4Y 04X F Attending: Craig, Arna M.D. FENDERSON, FINDERSON, MACHINE #1 273623000 | Page: 29 of 31 |
|--|--|
| KUUNAYBU4 11/04/16 at 2019 | 1115-Yangmiton South Nursing *-LIVE** Printed 10/01/19 at 1352 Printe |
| Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Type Date Time by Comment Units Change | Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Type Date Time by Comment Units Charge |
| Activity Date: 11/06/16 Time: 1100 (continued) | Activity Date: 11/06/16 Time: 1112 (continued) |
| 190551 Discharge Summary (continued) *Nurse - if any lines or equipment left in place at discharge, vorify MD order to leave in place. | 400010 Vitai Signs (continued) Resp. Rate: SAO2: 100 O2 Delivery: ROOM AIR |
| Heparin lock removed: Yes | Activity Jace: 11/06/16 Time: 1121 |
| Urinary Catheter Removed: Not applicable *Nurse - if yes, verify parient has volded prior to discharge and/or document findings. | 450010 Intake A 06,18 |
| Port Access Needie in Place: Not applicable | CRAL LUST HZO (ml): |
| FICC line Removed: Not applicable Date and Time of last FICC flushing: Date and Time of last FICC Oreseing Change: PICC Line Mark At: | OSAL (not water) m1: libe Feed (m1): NGT libe Flushes (m1): PEG libe Flushes (m1): ZV (m1): 200 |
| Home Health Arrange To Care For PICC At Home: PICC Line Home Caro Instructions Provided To Patient Or Family: | (m): |
| Telemetry Removed: Yes | 1,000 (m1) 1 2 2 2 2 2 2 2 2 2 |
| Other Discipline Discharge Instructions: NA | - Document 11/06/16 1121 KN3 11/06/16 1121 KN3 10.7 |
| Patient verbalizes understanding and/or demonstrates understanding of discharge instructions: No instructions: No If no: PAVIN INDERSIANDS | Urine voiced (m.): Urine cath. (m.): Color Of Urine: Character Of Urine: |
| Ary retained medications returned to patient: Not applicable of no: $z \in \mathbb{R}^2$ | rice inct ast (ml): is Pt. On Dialysis: Void X NM: 1 last Void Date |
| Any valuables returned to patient: Not applicable 1f no: | Stool X: Stool Onsistency: Color Of Stool: |
| Any records sont with patient: Not applicable | Amount Of Stool: |
| Patient Or Family Signature: Date of Sirth: 10/01/13 | old Colosiony Curput (Nur. of stools): NG (m.): |
| Nurse Printed Name: | Gesis Tibe |
| Date and Time of Signatures: | (ml) : (ml) : |
| Activity Date: 11/06/16 Cime: 1112 | Tube #1 (r1): |
| 400010 Vital Signs AMI are reviewed | 9 |
| by an 3X Document 11/06/16 1112 VA 11/06/16 1112 VA 21.4 Blood Pressure: BP Posttion: | Drain 3: Drain (1) Drain (1) Neptroperony (1) |
| Temp: Type Of Temperature: Heart Rate: 160 Heart Rate Source: Machine | U |

| Page: 30 of 31 | Princed 10/61/19 at 1352 | From |
|---|--|---|
| | Printed | Ste Directions Documented Connect Units |
| | | Sts Di |
| | | ordec |
| | | tervention Descri |
| PAH I | rsing **LIVE** | Problem/Goal/Intervention Description Activity Occurred Rec |
| HENDERSON, MEDIT | Wilis-Knighton South Nursing **LIVE** HIMS PAINT ALL NURSING INFORMATION | Prom Change |
| اسسا | X i W | Directions Documented tt Units |
| GAM M.D. | | Sts Did Time by Comment |
| Attending: Craig, Anna M.M.D. | Location: 5ES Room/Bed: K.E5516-1 | crde |
| Attend | 4 | Problem/Goal/Intervention Description Activity Occurred Recon |
| kge/Sex: 4⊻ 04% ₹ Thit #: KCOO629604 | Admitted: ii/04/16 at 2019 Status: DIS IN | oai/Intervenity Occi |
| Age/Sex: 4Y 04Y F | Admitted: 11/04/1 Status: DIS IN | Problem/Goal Activity Type |

| Problem/Goai/Intervention Description Sts Directions Prom Activity Occurred Recorded Documented Type Date Time by Date Time by Comment | Problem/Goal/Intervention Description Activity Occurred Re | corded a Time by | Sts Directions Documented Comment Units | From Change |
|--|--|---|---|----------------|
| Activity Date: 11/06/16 Time: 1121 (continued) | Activity Date: 11/06/16 | /16 Itho: 2237 | | |
| 450100 Curput (continued) Source Of Ourput Or Aso, Of - Misc. Ecdv Fluid: | Goal: Basic nursing ca - Ed Status 33/06, | Goal: Basic mursing care will be provided. - Ed Scatus 31/06/16 1837 Fds -1/06/16 1137 Fds | 9:/80/== C | ر د د |
| Jate: 11/06/16 Tim | CCC6 | /Flaming //Flaming | D AS NEEDED | |
| | | | n | |
| 11/06/16 1124 KVB 11/06/16 1124 KVB 10.7 | acus | 11/06/16 1137 his 11/06/16 1137 his | | A S |
| Unine cath. (m.): Date Cath Inserted: | 3000 | Critical Value Reporting 11/06/16 1137 his 11/06/16 1137 his | | A A |
| Character Of Jane: Character of Jane: | SECUS | in/06/16 ii37 his ii/06/16 ii37 his | | e e |
| | Str | _v Site #1 Cneck/Care 11/06/16 1137 his 11/06/16 1137 his | J QZH | A => D |
| Void X NY: 4 Last Void Date: Last Void Time: Stool X: 2 Stool Weight cc's Date Of Last BX: | 250510-A Bath, To - Ed Status 11/06, | Bath, Total Bed - Toddler 11/06/16 1137 his -11/06/16 1137 his | C CAILY | |
| tool Consistency: | H | | D DATEY | |
| Amount Of Stool: | - scacus 11/06/16 . 400010 Vital Signs | ii/U6/16 ii3/ nis ii/U6/16 ii3/ nis .ral Signs | J Q4E | A 45 |
| Theostomy (ml): New Colostomy Output: | Vital Sig | Signs taken by a NAI are reviewed $_{ m 2N}$ | | |
| Olà Colosiamy Cutput (Num. of stocis): | 245.135 | | | A = A |
| No ("L") NO ("L") STREETS (UL") STREETS | 40]335 Weight, - Ed Status 11/06, | Meight, Daily, PEDT Or NSY 11/06/16 1137 his 11/06/16 1137 his | D CATTY | CP A => D |
| Rectal Tube (ml): | Δi | *************************************** | 3 06,16 | |
| 1088 | ö | | 85,28 E | A = S |
| Chest Tube al (mil): | - Ed Status 11/06, | 11/06/16 1137 his 11/06/16 1137 his | الاتم ر معالی الاتم | A <= A |
| Tube #2 | Sna | 11/06/16 1137 his 11/06/16 1137 his | | A = 5 |
| Drain 1: | 550040 Formula Prep | ,, ,, | D MEALTINES | CP CP |
| Drain 3: | | Teed Formula Per Family Or Staff | р дзн | 4 0 |
| Drain 4: Tracomy (n.). | - Bd Status 11/06, | 11/06/16 1137 his 11/06/16 1137 his | | A <= A |
| Nephrostony (ml): | ratus F. | 11/06/16 1137 his 11/06/16 1137 his | | Z <= V |
| MOIND FURC. #1 (m1): Amt. Of Or Asp. Of Misc. Body Fluid (m1): | 800516 Clergy Visits - Ed Status 11/06/16 11: | ergy Visits 11/06/16 1137 his 11/06/16 1137 his | D CALLY | CP A => D |
| Source Of Cutput Or Asp. Of - Misc. Body Fluid: | Problem: INJURY, ROTENTIAL FOR - Ed Status 11/06/16 1137 } | POTENTIAL FOR 11/06/16 1137 fils 11/06/16 1137 fils | n | C ^= V |
| Activity Date: 11/06/16 Time: 1137 | oal: No evidenc | 1 | 97/80/II C | |
| 100522 Pediatric Admit Assessment 3 ADMIT ASSESSMENT - Ed Status 11/06/16 1137 his 11/06/16 1137 his A => D | - Ed Status 11/06/16 11/ 200021 Safety Checks - Ed Status 11/06/16 11/ | 11/06/16 1137 his 11/06/16 1137 his ufety Checks 11/06/16 1137 his 11/06/16 1137 his | нго с | A * D |
| 100551 Discharge Summary D AT ING OF DISCHARGE AS - Ed Status 11/06/16 1137 his 11/06/16 1137 his A => D | Problem: KNOWLEDGE DEFICIT - Ed Status 11/06/16 1 | GE DEFICIT 11/06/16 1137 his 11/06/16 1137 his | n | A => 5 |
| 706/16 1137 his | Goal: Patient/Family Will Verbalize Understanding of Diagnosis and | | 51/80/IE | |
| Problem: Basic Fediatric Nursing Care - Ed Status 11/06/16 1137 his 11/06/16 1137 his | Treatment. - Ed Stacus 11/06, | sid 7511 61/06/11 sid 7511 61/06/11 | | A => D |
| | | | | |

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Willis-Krighton South Nursing **LIVE**
HIYS PRINT ALL NURSING INFORVATION

Attending: Craig, Arna M.W.D. Account #: K32957086

Location;

Unit #: K000629604

Age/Sex: 4Y 04N F

Nurse Type automatic by program GRIFFIE, JENNIFER ANDERSON, VANESSA GARONER, LANT CE BRAGG, KAYLA N. VANN, VALARIE Name GRIFFJ1.NS GARDNJ.NS BRAGGK.NS ANDERV.NS VANTA . VS Monogram Initials From => D \ \ \ Ü V A => 5 Ω A A => 5 Ç ß G G A => V H A Ą A => Change Change Ä A, æ A. Documented Directions 97/10/17 AS NEEDED OSETET PRN 55 Commer: Sts n a n n n n ก Nurse Type 2. USE CORRECTIVE LENSES, if applicable 6. CLOSELY OBSERVE DISORIENTED PATIENTS I. NEDICATION REVIEW (vasoactive drugs, Patient Foucation 11/06/16 1137 his 11/06/16 1137 his Problem: Breathing Pattern, Ineffective - Ed Status 11/06/16 1137 his 11/06/16 1137 his - FG Status 11/06/16 1137 his 11/06/16 1137 his Problem: PATIENT AT HIGH RISK FOR FALLS Scatus 11/06/16 1137 his 11/06/16 1137 his NS: Patient risk for falling reduced. Ď, 11/06/16 1137 his 21/06/16 1137 his 21/06/16 1137 his Ed Status 11/06/16 1137 his 11/06/16 1137 his educated on the fall reduction program strategies, including, but not limited 11/06/16 1137 his 11/06/16 1137 his and, as needed, their family, are and any individualized fall reduction 7. ENSURE ADEQUATE LIGHTING AT NIGHT USE PROTECTIVE/ASSISTIVE DEVICES Time PAIN Assessment / Management - PEDI EDUCATE FAMILY TO REINFORCE FALL Room/Bed: K.E5516-2 ENSURE PATTENT CARE TITMS ARE 10. INSTRUCT PATIENT TO ASK FOR antipsychotics, antihistamines, Breathing Pattern, Ineffective Recorded KEEP ROOM FREE OF CLUTTER 4. OFFER BATFROOM ASSISTANCE. Time: 1137 High Fall Risk Intervention Sate 3. ASSIST WITH AMBULATION 5. USE NON-SKID FOOTWEAR. Problem/Goal/Intervention Description Goal: Pain Level Acceptable to Patlent (W/C, Geri-chairs, etc). PREVENTION STRATEGIES. ASSISTANCE OUT OF BED Ed Status 13/06/16 1137 his á, GOAL: ALRWAY BREATHING EFFECTIVE diuretics, etc). Time WITHIN REACH. Occurred Name Admitted: 11/04/16 at 2019 Activity Date: 11/06/16 Problem: Pair Managemont Date Morogram Initials к 12. Status: DIS IN Ed Status Ed Status Fa Status Activity 1-D - Ed Status - Ed Status Ed Status Sype 3000001 102012 200023 GOE :

POLLARD, CASSANDRA J

GEORGE, BECKY

GEORGB.NS COOKC4.NS SCOTTEZ.NS

BG CCP ERS ISR

SCOIT, ESTELLE R ROBINSON, INGRID S

ROBINI NS

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| | MEDICATION ADMINITURE TOWN PERIOD; 11/06/16 to | RECORD 11/07/16-0 | 700 | ng pangung ay di hay da kishi da kis | | BERSP.DP /05/16-2030 |
|----------------------|--|----------------------|------|---|----------------------|---------------------------|
| RX W | MOTOTION | START | STOP | D LY 9701-1500 | EVENIMA 1501-2306 | NICHT 2301-0700 |
| | ****** ROUTINE MEDS | ******* | | | | |
| | BUDESONIDE 0.5 MG/2 ML UD (0.25 MG) (PULMICORT RESPULE) AyCOCK II, Richard A M.D. 0.25 MG= (0.5 UNIT DOSE(8)) INH .BID SCH (USE VIA INHALATION NEBULIZATION CNLY!) | 2045 11/04/16 | | - R | | |
| DOSE: DOSE INSTR: | PREDNISOLONE 15 MG/5 ML 5MLUDC (None) (ORAPRED U/D) Aycock II, Richard A M.D. (5ML UNIT DOSE CUP(S)) PO .DAILY SCH 14MG (4.67MLS) (REFRIGERATE!) | 2045 11/04/16 | | | 1600 | |

| K005694397 CEFTRIAXONE 50 (ROCEPHIN) IN: D5W 50 ML (D5W) ORD DR: Aycock II, Rich RATE: 50 MLS/HR COMMENTS: ** PLEASE REFRI | BAG (S | 50 ML) M.D. DUR: 1 1 | FREQ: Q24H USE ** | | 2000 11/05/16 | | | 2000 | | |
|--|--------------------|----------------------------|-------------------------------|-----------------------|--|--------------------------|--------|---------------------------|----------------------------|------|
| LINCERUS: RE Deltoid ROG RE LE | Opper O | uter Quadrant | RLT Rt Late | ral T | high sor Rt Do high sor Lt Do | real Thigh real Thigh | | Rt Abd EVG Lt Abd LVG | | |
| SIGNATURE | INIT. | SIGNAT | | IMIT. | SIGNATU | 3 | INIT. | SICKAT | URE | mit. |
| MEDICATION ADMINISTRAT WILLIS-KNIGHT 2510 BERT KOUNS IN SHREVEPORT, LOUIS | ON SOUT DUSTRIA | e poor | Phys: C Age: JY Marital | raig, 01M Statu | 086 Med Rec#: SON, AALTYAH L Anna N M.D. Sex: F Wgt: 33 ss: SIN BSA: 0 | € 282 | 061 kg | Adm Da Locati Servi | te: 1: on: 51 ce: Pl | |



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| | 0, | MEDICATION PERIOD: | M ADMINI TO 100 | RECORD 11/07/16-0700 | • | | ROBERSP.DF 11/05/16-2030 |
|-----------------|----|-----------------------|--|-------------------------|------------------|--------------------|-----------------------------|
| EX 6 MEDICATION | | | | FEATE | DAY 8701-1500 | EVENIE 1501-230 | |
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| END: Rt Deitoid RDG Rt Lt Deitoid LDG L | : Opper 0 Upper 0 | uter Quadrant uter Quadrant | RLT Rt Late | ral T) cal Ti | igh ADT At Dorsal Thigh | | RE ADD RVQ RE Veneroul LE ADD LVG LE Veneroul | 17.5022 |
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| SIGNATURE | Derr. | BIGWAT | TRE | init. | SIGNATURE | INIT. | ŞIGRATURB | DEI |
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| MEDICATION ADMINISTRA WILLIS-KNIG 2510 BERT KOURS SHEEVEPORT, LOU | ITOM SOUT LIEDUSTRIA | E LOOP | • | ERDERI Taig, Olm | ION, TOUR IN M.D. Sex: F Wgt: 31 lb = 14.0 | | Room/Red: K.ESS15- Adm Date: 11/04/16 Location: 5ES Service: PED D.O.B.: 10/01/13 | i. |
| | | | | | See ALLERGY SOURCE DOCUMENT | | PAGE | |

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地方 10 世紀 向日 14 日本 14 日

| | | N PERIOD | 11/06/16 | | RECORD 11/07/16-0 | 700 | | | DBERSP.E L/05/16- | |
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| u i | MEDICATION | | | | START | ator | | | | |
| | | | ***** PRN N | BD8 | | | | | | |
| Dosi Dose Insti | O RT PROTOCOL 1 EA INH.SOLN (Non (RT PROTOCOL) R: Aycock II, Richard A M.D. E: (INHAL SOLN(S)) INH .UD PRN R: PROTOCOL AS DIRECTED S: FOR ADULTS: Atrovent and/or Xope via nebulization per respiratory FOR PEDIATRICS: Proventil Inhala via nebulization per respiratory | nex Inh S therapy. tion Soln | ı | | 2045 11/04/16 | | | | | |
| TIME | INDICATION/ COMPLAINT & SITE | DOSE ROUTE INIT | PAIN SCALE ASSESSMENT | | RESPO | nse / Outc | OME | PAIN SCALE REASSESSMENT | TIME | INIT |
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| LEGEND: RD Rt Deltoid RDQ Ri | Opper O | uter Quadrant uter Quadrant | RIT RE LATE | eral ? eral ? | nign high | | N E | He Abd RVG Re Vent Le Abd LVG Le Vent | troGluteal TroGluteal |
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| SIGNATURE | DET. | | | INIT. | | SIGNATURE | INIT. | SIGNATURE | INIT. |
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| | | | | | | | | | |
| MEDICATION ADMINISTRAT WILLIS-KNIGHT 2510 BERT KOUNS IN SHERVEPORT, LOUIS | TOOR BOUT ALKTRUCK | H LOOP | Phys: | Craig Craig Olm | ADD Se | Med Rec#: K00062960 ALLIYAH L a M M.D. x: F Wgt: 31 lb = 14. IN BSA: 0.6 m2 | | Room/Bed: K.E. Adm Date: 11/ Location: SES Service: PED D.O.B.: 10/ | 04/16 |
| | | | | | | ALLERGY SOURCE DOCUMEN | r, | | PAGE 3 |

| | | | 75.C | | tion and the second | | | |
|--------------|--|-----------------------|---------------------------|-------------------------|--|----------------------------|--------------------|--------------|
| | | | TION ADMINI : 11/05/16 | ION RECORD to 11/07/16- | 0700 | | BBRSP.C /05/16- | |
| F2.* | MEDICATION | | | START | STOP | | | |
| | | | ***** PRN N | EC)S ****** | | | | |
| ORD DX | 391 ALBUTEROL SOLUTION 0.083% 3 ML U (PROVENTIL U/D) DR: Aycock II, Richard A M.D. DSE: (UNIT DOSE(S)) INH .Q2H WHEEZI FTR: AS DIRECTED ITS: (USE VIA INHALATION NEBULIZATION | ng prn |) | 2945 11/04/16 | | | | |
| TIME | INDICATION/ COMPLAINT & SITE | IXSE ROUTE INIT | Pain Scale Asses Sment | Resi | onse / Outcome | PAIN SCALE REASSESSMENT | TIME | INIT |
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| ORD DO | 92 DEXTROMETHORPHAN PED COUGH 60 ML (ROBITUSSIN PED L-A COUGH) DR: Aycock II, Richard A M.D. SE: (BOTTLE(S)) PO .QSH COUGH PRN TR: 5 MLS TS: (ROBITUSSIN PEDIATRIC L-A COUGH) | | one) | 2045 11/04/16 | | | | |
| TIME | indication/ complaint & sitb | DOSE ROUTE INIT | Pain Scale Assessment | RESP | ONSE / OUTCOME | Path Scale Reassessment | TIME | INIT |
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| | MEDICATION ADMINISTRATI WILLIS-KHIGHTO 2510 BERT KOUNS IND SEREVEPORT, LOUISI | E SOUT LETTEU | E LOOP | Phys: (Age: 3Y | CEMDER Craig, 01M | | | · | Room/Bed: Adm Date: Location: Service: D.O.B.: | 11/04/16 5%S PED | |
| | | | | | | see ALLERGY SC | | corr | | PAGE | 4 |

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 51 of 331 PageID #: 760 Page 1145 of 1758

| 4 | | | PERIOD: 11/0 | | | RECORD L1/07/16-0 | 700 | } | | BERSP.1 1/05/16- | |
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| 27 8 | MEDICATION | | | | | START | attoa | | | | |
| | | | ****** | PRN J | ORDS. | | | | | | |
| ORD DR DOSE DOSE INSTR | ACETAMINOPHEN 325 MG (TYLENOL) Aycock II, Richard A) (UD CUP(S)) PO .Q41 80MG (2.5MLS) PRN TEMP >/= 101 DEGRU (DO NOT EXCEED 4,000 N | M.D. H PRN EES F. | (None) | | | 2045 11/04/16 | | | | | |
| TIME | INDICATION/ COMPLAINT & SITE | F | | SCALE SMEANT | ; | respo | nse / out | XXXE | Pain Scale Reassessment | TIME | INIT |
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| DOSE INSTR | Aycock II, Richard A i (5ML UNIT DOSE CUP(S) 50MG (2.5MLS) FRN TEMP > 102.5 DEGRI TYLENOL (SHAKE WELL!) (SAME AS |)) PO .Q6H I | | | | 2045 11/04/16 | | | | | |
| TIME | INDICATION/ COMPLAINT & SITE | | | SCALE SMENT | | RESPO | nse / Out | OME | PAIN SCALE REASSESSMENT | TIME | INIT |
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| 25; 81 | FION ADMINISTRATION REC MILLIS-EXIGETON SOUT 10 BERT XOUSE INDUSTRIA BREVEPORT, LOUISIANA 7 | K L ECOP 111# | Acct#: Name: Phys: Age: 33 Marital | Craig, Colm Status | Anna M Sex: e: SIM | M.D. Wgt: 31 BSA: 0. | | .061 kg | Room/Bed: Adm Date: Location: Service: D.O.B.; | L1/04/1 528 PED | 3 |

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| | | MEDICA N PERIOD | TION ADMINI | to 11/07/16-0700 | | BERSP.D /05/16- | |
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| MEDICATION ADMINISTRATI WILLIS-KNIESTO 2510 BERT KOUMS IND SHREVEPORT, LOUISI | N SOUT | T POOL | Acct#: I Name: E Phys: C Age: 3Y Marital | raig, oun | Anna Sex | : F Wgt: 31 | lb = 14.0 | | | 11/04/16 5MS | |
| | | | | | | LLLENGY SOUR | CH DOCUMENT | r | | PAGE | 6 |

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 53 of ឆ្ន**ា**វិទា #:

| : | | MEDICA: | FION ADMINI | TON RECORD to 11/07/16-0700 | | BERSP.1 /05/16 | |
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| MEDICATION ADMINISTRATI WILLIS-KNIGHT 2510 BERT KOUNS IN SHREVEPORT, LOUISI | N SOUT CUSTRIA | l pood R | Phys: | Craig, | Anna Sex | и ж.D. : У Wgt: 31 | | | Room/Bed: E.: Adm Date: 11. Location: 5E Service: PE D.O.B.:: 10. | /04/16 B | |
| | | | | | | ALLERGY SOUR | | T | | PAGE ' | 7 |

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Age: 3Y 01M

PAGE 1

RUN DATE: 11/05/16 RUN TIME: 2146

Willis Knighton South **ADMISSIONS

INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

RUN USER: ROBERSP.DP

Name: 6 L

DOB: 10/01/13

Sex: F Rm/Bd: K.E5516 Serv/Locn: PED Status: IN EPI#: 000000001116206 Unit#: K000629604 Account#: K32957086

Last Update/ Acknowledgement: Interdisciplinary Assessment (Free Text), historical data: 11/04/16 - 2201 Allergyl-Med/Contact: NKDA 11/04/16 - 2201 Allergy2-Med/Contact: NKDA 11/04/16 - 2201 Food Allergies-Intol: NKFA 11/04/16 - 2201 Latex Allergy (Y/N): N

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

11/05/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

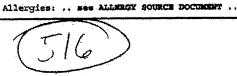
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| | MEDICATION ADMINI | TOW RECORD to 11/06/16-0700 | GRIYFJ1.RE 11/04/16-2339 |
| RX # | MEDICATION | START STOP | DAY EVENING STORE 9701-1500 1501-2300: 2301:9700 |
| | ******* ROUTING | MEDE: ****** | |
| | (PULMICORT RESPULE) Aycock II, Richard A M.D. 0.25 MG= (0.5 UNIT DOSE(S)) INH .BID SCH | 2045 11/04/16 | |
| DOSE: DOSE INSTR: | PREDNISOLONE 15 MG/S ML SMLUDC (None) (CRAPRED U/D) Aycock II, Richard A M.D. (SML UNIT DOSE CUP(S)) PO .DAILY SCH 14MG (4.67MLS) (REFRIGERATE!) | 2045 11/04/16 | 1700 1600 / |

| 005694397 CEPTRIAXONE 500 MG VIAL (700 MG) (ROCEPHIN) | | 2000 |
|---|------------------|------|
| IN: DSW 50 ML BAG (50 ML) (DSW) | | |
| ORD DR: Aycock II, Richard A M.D. RATE: 50 MLS/HR DUR: 1 FREQ: Q24H | 2000 11/05/16 | |
| COMMENTS: ** PLEASE REPRIGERATE UNTIL READY TO USE ** | | |

NS 050 cd/hr

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| MEDICATION ADMINISTRAT: WILLIS-ENIGHT 2510 BERT KOUNS IN SHREVEPORT, LOUIS | ON SOUT DUSTRIA | TH LL LOOP | Phys: Crai | ERSON, AALTYI g, Anna H H. I Sex: F | | | Adm Date: Location: Service: | |
| | | | | | LOY SOURCE DOCUM | CENT ., | w | PAGE 1 |



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| | HEDICATION ADMINITION RECORD N PERIOD: 11/05/16 to 11/06/16-0700 | GRIPFJI.NS 11/04/16-2339 |
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| MEDICATION ADMINISTRA WILLIS-ENIGH 2510 BERT KOUNS II SHERVEPORT, LOUIS | TON SOUT NOUSTRIA | n L Loop | Phys: | HENDE Craig, Olm | Ann Se: | Med Rec#1 L L M M.D. k: F Wgt: 31 IN BSA: 0. | 1b = 14.6 | | Room/Bed: K. Adm Date: 11 Location: 51 Service: FX D.O.B.: 10 | /04/16 B D | |
| | | | | • | | ALLERGY SOUR | CE DOCUMENT | r | | PAGE | 2 |

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 57 of 3311 Rages #:

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| MEDICATION ADMINISTRAT WILLIE-ENIGHT 2510 BERT KOUNS IN SHREVEPORT, LOUIS | POW SOUTH | L LOOP | Phys: Cra | DERSON Lg, An M S | man M M.D. Sex: F Ngt: 31 lb = 24 | | Room/Bed: K.B Adm Date: 11/ Location: 588 Service: PEL D.O.B.; 10/ | /04/16 5 |
| | | | | | ALLERGY SOURCE DOCUME | NT | | PAGE 3 |

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 58 of 331 PageID #: 767 Page 1152 of 1758

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| ORD 1 | 91 ALBUTEROL SOLUTION 0.083% 3 ML UI (PROVENTIL U/D) DR: Aycock II, Richard A M.D. SE: (UNIT DOSE(S)) INH .Q2H WHEEZING. TR: AS DIRECTED TS: (USE VIA INHALATION NEBULIZATION (| IG PRN | | | 2045 /04/16 | | | | | |
| , Time | INDICATION/ COMPLAINT & SITE | Dose Route Init | PAIN SCALE ASSESSMENT | | RESPO | NSR / OUTC | OME | PAIN SCALE REASSESSMENT | TIME | INIT |
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| DÓ | (ROBITUSSIN PED L-A COUGH) DR: Aycock II, Richard A M.D. SE: (BOTTLE(S)) PO .Q6H COUGH PRN TR: 5 MLS | | ćne) | | 2045 /04/16 | | | | | |
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MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTOW SOUTH 2510 BERT KOUNG INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118



Med Rec#: X000629604 Name: HENDERSON Phys: Craig, Anna M M.D.

Age: 3Y 01M Sex: 7 Wgt: 31 1b = 14.061 kg Marital Status: 81% BSA: 0.6 m2

Allergies: .. see ALLERGY SOURCE DOCUMENT ..

Adm Date: 11/04/16 Location: 525

Service: PED D.O.B.: 10/01/13

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| ţ. | | | ***** DRN W | IRDS ****** | | | | |
| | 193 ACETAMINOPHEN 325 MG/10.15 ML U (TYLENOL) | DC (None | :) | 2045 | | | | |
| DOSE INS | DR: Aycock II, Richard A M.D. SE: (UD CUP(S)) PO .Q4H PRN STR: 80MG (2.5MLS) STS: PRN TEMP >/= 101 DEGREES F. (DO NOT EXCEED 4.000 MG/24HRS!) | | | 11/04/16 | | | | |
| TIME | INDICATION/ COMPLAINT & SITE | DOSE ROUTE INIT | PAIN SCALE ASSESSMENT | RESPO | NSE / OUTCOME | PAIN SCALE REASSESSMENT | TIME | TIKI |
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| DOSE INST | 94 IBUPROFEN PED. SUSP 100 MG/5 MI (PEDIA PROFEN) DR: Aycock II, Richard A M.D. SE: (5ML UNIT DOSE CUP(S)) PO .Q6 TR: 50MG (2.5MLS) TS: PRN TEMP > 102.5 DEGREES F. NOT TYLENOL (SHAKE WELL!) (SAME AS ADVIL/MOTE | SH PRN | | 2045 11/04/16 | | | | |
| TIME | INDICATION/ COMPLAINT & SITE | DOSE ROUTE INIT | PAIN SCALE ASSESSMENT | RESPO | NSE / OUTCOME | PAIN SCALE REASSESSMENT | TIME | INIT |
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| | CATION ADMINISTRATION RECORD (2946) WILLIE-ENIGETON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOF SHREVEPORT, LOUISIAMA 71118 | l | Acct#: K329570 Name: HENDERS Phys: Craig, Age: 3% 01M | HON, ARLIYAN L Anna M M.D. | . x000629604 L lb = 14.061 kg | Room/Bed: 1 Adm Date: 1 Location: 1 Service: 1 | 11/04/16 518 PED | |

Allergies: .. see ALLERGY SOURCE DOCUMENT ..

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 60 of 33142 aget #:

| | . • | MEDICA M PERIOD | TION ADMINI | ION RECORD to 11/06/16-0740 | | IFFJ1.H ./04/16- | |
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| TIME | indication/ complaint & site | DOSE ROUTE INIT | Pain scale Assessment | response / outcome | PAIN SÇALE REASSESSMENT | TIME | INIT |
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| | | | 090 /2946) | 1cct#. ¥32957 | ORG Med Rec#: 1 | 000629604 | Room/Bed: X. | ¥5516-1 |

WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEFORT, LOUISIANA 71118

4 ij.



Name: HDEFERON, L.

Phys: Craig, Anna H M.D. Age: 3Y 01M Sax: P Wgt: 31 lb = 14.061 kg Marital Status: SIN BSA: 0.5 m2

Allergies: .. see ALLERGY BOURCE DOCUMENT ..

Adm Date: 11/04/15 Location: 528

Service: PRO D.O.B.: 10/01/13

D.O.B.: 10/01/13

PAGE 7

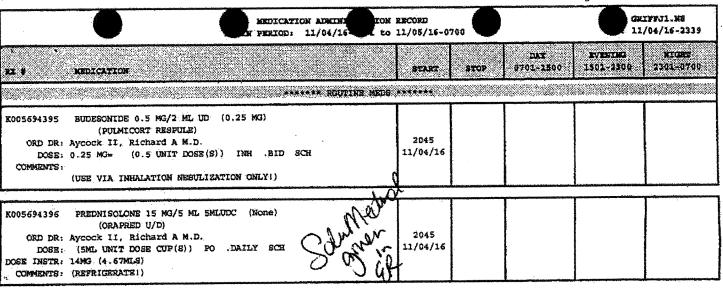
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| LEGENERAL RESPONSE FOR THE PROPERTY OF THE PRO | kt Upper Outer | | t Lateral Thigh | | | Abd EVS Rt Vent Abd LVS Lt Vent | |
|--|---------------------------|-------------|--|--|-------|--|-------|
| SIGNATURE | INIT. | SIGNATURE | INIT. | SIGNATURE | THIT. | BIGNATURE | INIT. |
| | | | | | | | |
| MEDICATION ADMINISTS MILLIS-ENIC 2510 BERT KOUNS SEREVEPORT, LOT | DETON SOUTH INDUSTRIAL LO | Na OP Pt | cct#: K32957086 ime Tys: Craig, Ann ge: 3Y 01M 8e | Med Rec#: K00062 L a M M.D. x: F Wgt: 31 lb = | | Room/Bed: X.E5 Adm Date: 11/0 Location: 5ES Service: PED | 14/16 |

Marital Status: SIN

Allergies: .. see ALLERGY SOURCE DOCUMENT ..

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| K005694397 ORD DR: RATE: | CEFTRIAXONE 500 MG VIAL (700 MG) (ROCEPHIN) IN: D5W 50 ML BAG (50 ML) (D5W) Aycock II, Richard A M.D. 50 MLS/HR DUR: I PREC: Q24H ** PLEASE REFRIGERATE UNTIL READY TO USE ** | 2000 11/05/16 | | |
|---------------------------|---|------------------|--|--|
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| LEGEND: NO Et Deltoid NOO Et O to Et Deltoid 1990 Et O | oper C | uter Quadrant uter Quadrant | RIT RI LAIS | sal I | | EJ EJ | at Abd RVG R: Ventrodli bt Abd LVW b; Ventrodli | iteal iteal |
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| 1. | | | | | | | | |
| MEDICATION ADMINISTRATION WILLIS-KNICHTON 2510 SERT KOUNS INDI SERREVEPORT, LOUISI | SOUT STRIKE | n L Loop | Phys: C | ENDER raig, Olw | Sox M.D. Anna M M.D. Sex: Y Ngt: 31 1b = 14.0 | | Room/Bed: K.E5516-1 Adm Date: 11/04/16 Location: 5ES Service: PED D.O.B.: 10/01/13 | |
| | | | | • | see ALLERGY SOURCE DOCUMENT | | PAGÉ | 1 |

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| | 114 | 1 ago 1101 of 1100 |
|------------------|--|---|
| | MEDICATION ADMITS FOR RECORD PERIOD: 11/04/16 to 11/05/16-0700 | GRIPYU1, ME 11/06/16-2339 |
| RI \$ MEDICATION | START STO | DAY AVENUE START P 0701-1500 1501-3300 3303-0700 |
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| SIGNATURE INIT. | SIGNATURE | титт. | BLOMATURE | INIT. | SIGNATURE | ENIT |
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| MEDICATION ADMINISTRATION RECORD (2: | | K32957086 HENDERSON, | Med Rec#: X00062 | \$604 | Room/Bed: X.E55 Adm Date: 11/04 | |

BSA: 0.6 m2 Marital Status: SIN

Allergies: .. see ALLERGY SOURCE DOCUMENT ..

PAGE 2

D.O.B.: 10/01/13

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| The Control of the State of the | | NEDICA PERIOD | 210W ADMIN 11/04/16 | | RECORD 11/05/16-0 | 700 | | | RIFFJ1.3 1/04/16- | |
|--|--|--------------------------------------|--------------------------|---------------|---------------------------------------|------------|------|----------------------------|----------------------|--------------|
| ## # | MADICATION | | ***** PRN 5 | DICE CONTRACT | Sust | STOP | | | | |
| ORD DOSE INST | (RT PROTOCOL 1 EA INH.SOLM (Nor (RT PROTOCOL) R: Aycock II, Richard A M.D. R: PROTOCOL AS DIRECTED S: FOR ADULTS: Atrovent and/or Xop- via nebulization per respirator FOR PEDIATRICS: Proventil Inhal- via nebulization per respirator | ne) enex Inh S y therapy. ation Soln | oln | | 2045 11/04/16 | | | | | |
| TIME | INDICATION/ COMPLAINT & SITE | DOSE ROUTE INIT | PAIN SCALE ASSESSMENT | | resk | ONSE / OUT | X)ME | PAIN SCALE REASSESSMENT | TIME | INIT |
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| INCENT: MD Rt Deltoid MDQ Rt U LD lb Deltoid MDQ Lt U | bber o bber o | uter Quadrant iter Quadrant | MAT RE Late | | | | | RE Abd RVG RE Venerod | |
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| MEDICATION ADMINISTRATI WILLIS-ENIGHTO 2518 BERT KOURS IND SHREVEDORT, LOUISI | TUOS NC ALKTRUC | A. | 1 | EXHORE Craig, GIM | NORS And Se | L LAM M.D. LEX: F Wgt: 31 lb = 14 | | Room/Bed: E.E5516 Adm Date: 11/04/1 Location: 5E8 Service: PED D.O.B.: 10/01/1 | l 6 |
| | | | | | | ALLERGY SOURCE DOCUME | m | 23.6 | JE 3 |

| P | | | 774 | | | | 1 age 1100 01 1 | | |
|-------------|---|-----------------------|--------------------------|---------------------------------------|---|-------|----------------------------|--------------------|---|
| | | | 11/04/16 | TOW RECORD to 11/05/16- | 0700 | | | IFFJ1.W /04/16- | |
| az # | MEDICATION | | | START | STOP | | | | |
| | | | ****** PEN N | EDS. ****** | | | | | |
| ORD DO | 91 ALEUTEROL SOLUTION 0.083% J ML U (PROVENTIL U/D) DR: Aycock II, Richard A M.D. SE: (UNIT DOSE(S)) INH .Q2H WHEEZI TR: AS DIRECTED TS: (USE VIA INHALATION MEBULIZATION | NG PRN |) | 2045 11/04/16 | | | | | manus de de cella de de cella de de cella de cel |
| TIME | INDICATION/ | DOSE ROUTE INIT | PAIN SCALE ASSESSMENT | RESP | ONSE / OUTC | INS : | PAIN SCALE REASSESSMENT | TIXE | INIT |
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| | | | | | | | | | |
| ORD DO | 92 DEXTROMETHORPHAN PED COUCH 60 ML (ROBITUSSIN PED L-A COUGH) DR: AyCOCK II, Richard A M.D. SE: (BCTTLE(S)) PO .Q6H COUGH PRN TR: 5 MLS TS: (ROBITUSSIN PEDIATRIC L-A COUGH) | | one) | 2045 11/04/16 | | | | | |
| Time | INDICATION/ COMPLAINT & SITE | DOSE ROUTE INIT | Pain Scale Assessment | resi | onse / out | COME | PAIN SCALE REASSESSMENT | TIME | INIT |
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| SIEND: ND Rt Deitbid MUG ND Lt Deitbid LUG | Rt Opper Oute | Quadrant RL | F RC Laceval Thigh F In Lateral Thigh | SOT Rt Lorsel Thi | | Rt Abd #90 Rt Ventroll Lt Abd #90 At Ventroll | 400000000000000000000000000000000000000 |
|--|-------------------------------|-------------|---|---------------------|-------|--|---|
| SIGNATURE | ENTY. | SIGMATURE | | SYGNATURE | IXII. | SIGNATURE | TURE |
| | | | | | | | |
| MEDICATION ADMINIST WILLIS-KMI 2510 BERT KOUNS SHERVEPORT, LO | CRETON SOUTH INDUSTRIAL LA | юр | Acct#: K32957086 Name: HEMDERSON Phys: Craig, Ann Age: 3Y 01M. Se Marital Status: 8 | c: Y Ngt: 31 lb = 3 | | Room/Bed: X.E5516 Adm Date: 11/04/1 Location: 5ES Service: PED D.O.B.: 10/01/1 | .\$ |

| | | | TION ADMINI 1 11/04/16 | XOW RECORD 1 to 11/05/16-0799 | | IFF31.H /04/16- | |
|---------------------------|--|-----------------------|--------------------------------|----------------------------------|----------------------------|--------------------|-------|
| F.J. # | MEDICATION | | | START STOP | | | |
| | | * | ***** | EDE ****** | | | |
| ORD I DOS DOSE INST | ACETAMINOPHEN 325 MG/10.15 ML U (TYLENOL) R: Aycock II, Richard A M.D. E: (UD CUP(S)) FO .Q4H PRN R: 80MG (2.5ML5) S: PRN TEMP >/= 101 DEGREES F. (DO NOT EXCEED 4,000 MG/24HRS!) | DC (None |) | 2045 11/04/16 | | | |
| TIME | INDICATION/ COMPLAINT & SITE | DOSE ROUTE INIT | PAIN SCALE ASSESSMENT | response / Outcome | PAIN SCALE REASSESSMENT | TIME | INIT. |
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| · . | | | | | | | |
| DOSE INST | 4 IBUPROFEN PED. BUSP 100 M3/5 ML (PEDIA PROFEN) R: Aycock II, Richard A M.D. E: (5ML UNIT DOSE CUP(S)) PO .06 R: 50M3 (2.5MLS) S: PRN TEMP > 102.5 DEGREES F. NOT TYLENOL (SHAKE WELL!) (SAME AS ADVIL/MOTR | h prn Relieved | | 2045 11/04/16 | | | |
| TIME | indication/ Complaint & Site | DOSE ROUTE INIT | Pain scale assessment | response / Outcome | PAIN SCALE REASSESSMENT | TIME | INIT |
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| LIPCENIO: RO Rt E | eitoid 200 Ri Upper Outer Quadra elboid 500 Li Upper Outer Quadra | nt SLT | Rt Lateral To Lt Lateral Th | | Abd RVG Rt. 1 | X | |

| LECEND: RD Rt Deltoid EVQ Rt ED Li Deltoid EVQ Lt | | | AND WOOD AND | | MANAGOCOON | k Ri Abd RVG Ri VentroGli Lit Abd LVG Lit VentroGli | |
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MEDICATION ADMINISTRATION RECORD (2946) MILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118



Acct#: X32957086 Med Rec#: K000629604 Name: HENDERSON, AALIYAH L

Phys: Craig, Anna M M.D. Age: 31 01M Sex: F Wgt: 31 lb = 14.061 kg Marital Status: SIM BSA: 0.6 m2

Allergies: .. see ALLERGY SOURCE DOCUMENT ..

Room/Bed: K.E5516-1 Adm Date: 11/04/16 Location: 5ES

Service: PED D.O.B.: 10/01/13

| Case 5:19-cv-00163-EEF-MLH | Document 49-3 | Filed 05/07/20 | Page 67 of 331 PageID # |
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| | | MEDICA: | FION ADMINI | TON RECORD to 11/05/16-0700 | GR: | [FFJ].M6 /04/16-2 | 1 2339 |
|------------------|---------------------------------|---------|--------------------------|--------------------------------|----------------------------|----------------------|-----------|
| 23. 1 | MEDICATION | | | START STOP | | | |
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| | | DOSE | | | | | |
| TIME | indication/ Complaint & Site | ROUTE | PAIN SCALE ASSESSMENT | RESPONSE / OUTCOME | PAIN SCALE REASSESSMENT | TIME | INIT |
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| TIME | INDICATION/ COMPLAINT & SITE | ROUTE | PAIN SCALE ASSESSMENT | response / Outcome | PAIN SCALE REASSESSMENT | TIME | INIT |
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| LEGEND: AD Rt D | | | | RET RE LACE | | | | dgh Al | Rt Abd RVG RE Lt Abd LVG Le | VentroGlu VentroGlu | teal teal |
|--------------------|--|-------|--------|-------------|--------------|------------------------|---|--------|--|------------------------|--------------|
| | eigkaturs | INIT. | SIGNAT | 773 | INIT. | | SIGNATURE | INIT. | SIGNATURE | · | ENIT. |
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| 2 | ATION ADMINISTRATION WILLIS-INIGETON 510 BERT KOUNS INDO SERREVEPORT, LOUISI | STRL | T LOOP | Phys: 0 | raig, 01M | RSOM, C Anna Sex | Med Rec#: x00062 M M.D. : F Wgt: 31 1b = W BSA: 0.6 m2 | | Room/Bed: Adm Date: Location: Service: D.O.B.; | 11/04/16 5ES | L , |
| | | | | Allergi | :s: • | | ALLERGY SOURCE DOCU | DON'T | | PAGE | 6 |

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| * | | N PERIOD | | TON RECORD 1 to 11/05/16-0700 | | IPPJL.W /04/16- | |
|------|---------------------------------|-----------------------|--------------------------|----------------------------------|----------------------------|--------------------|------|
| RX # | MEDICATION | | | START STOP | | | |
| Time | indication/ complaint & site | DOSE ROUTE INIT | Pain scale Assessment | response / Outcome | PAIN SCAUB REASSESSMENT | TIME | INIT |
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| INCEND: NO RE Deltoid NOO Rt D NO RE Deltoid NOO DE U | | uter Quadrant uter Quadrant | RIT Rt Late | 327 MARCO | high MPT At Doxes high MPT Lt Doxes | I Thigh I Thigh | RA R | Abd EVG RE V | entroGlui entroGlui | teal teal |
|--|--------|--------------------------------|--------------------|-----------------------|--|--------------------|------|--|------------------------|--------------|
| SIGNATURE | INIT. | giga: | VR S | INIT. | SIGNATURE | ZHZ | T. | EIGNATURE | | DUIT. |
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| | | | | | | | | | | |
| MEDICATION ADMINISTRATI WILLIS-MUIGETO 2510 BERT KOUNS IND SHREVEPORT, LOUISI | M SQUI | n L loop | Phys: C Age: 3Y | moner raig, 01N | | = 14.051 | kg | Room/Bed: K Adm Date: 1 Location: 5 Service: F D.O.B.: 1 | 1/04/16 KS KD | |
| | | | | | see ALLERGY SOURCE ! | | | | | 7 |

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 69 of 331 Bages #:

RUN DATE: 13,4/16

Ilis Knighton uth *ADMISSION INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

RUN TIME: 1511 RUN USER: SAFFED2.AM

Name: L Rm/Bd: Serv/Locn: ERS

DOB: 10/01/13 Status: ER

Age: 3Y 01M

Rm/Bd: Unit#: K000629604

Account#: K32957086

BPI#: 00000001116206

| Interdisciplinary Assessment (Free Text), historical data: | Last Update/ Acknowledgement: |
|--|----------------------------------|
| Allergyl-Med/Contact: NKDA | 05/14/16 - 0436 |
| Allergy2-Med/Contact: NKDA | 05/14/16 - 0436 |
| Food Allergies-Intol: NKFA | 05/14/16 - 0436 |
| Latex Allergy (Y/N): | 05/14/16 - 0436 |

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

05/16/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

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RUN DATE: 1

uth *ADMISSION llis Knighton INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

RUN TIME: 2020 RUN USER: PATERA.AM

Unit#: K000629604

L. Name: (Rm/Bd: K.E5516

Latex Allergy (Y/N):

Serv/Locn: PED

Account#: K32957086

DOB: 10/01/13 Status: IN

Age: 3Y 01M

Sex: F EPI#: 00000001116206

Last Update/ Acknowledgement: Interdisciplinary Assessment (Free Text), historical data: 05/14/16 - 0436 Allergy1-Med/Contact: NKDA 05/14/16 - 0436 Allergy2-Med/Contact: NKDA 05/14/16 - 0436 Food Allergies-Intol: NKFA

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

11/04/16

05/14/16 - 0436

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 71 of 331 PageID #:

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RUN DATE: 11

Unit#: K000629604

oth *ADMISSION llis Knighton INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

RUN TIME: 2020 RUN USER: PATERA.AM

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L Name: 🚾 Rm/Bd: K.E5516

Serv/Locn: PED Account#: K32957086 DOB: 10/01/13

Age: 3Y 01M

Status: IN

Sex: F

EPI#: 00000001116206

| | Last Update/ Acknowledgement: |
|--|----------------------------------|
| Interdisciplinary Assessment (Free Text), historical data: | |
| Allergyl-Med/Contact: NKDA | 05/14/16 - 0436 |
| Allergy2-Med/Contact: NKDA | 05/14/16 - 0436 |
| Food Allergies-Intol: | 05/14/16 - 0436 |
| Latex Allergy (Y/N): | 05/14/16 - 0436 |

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

11/04/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

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RUN DATE: 11/04/16 Willis-Knighton South Nursing **LIVE** PAGE 1 RUN TIME: 2226 Home Medications NOT An Order RUN USER: 0 Home Medications NOT An Order For Information/Comparison Only 1/2 UD HHN ALBUTEROL Q 4 HRS PRN TOP Q DAY ANTIFUNGAL CREAM NOT AN ORDER

Name:

Acct#: K32957086

Room/Bed: K.E5516-1

DOB: 10/01/13 Age: 3Y 01M

Sex: F Weight: 31

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Dosing Calculators - Emergency Drugs

Select Dosing Type:

Pediatric Adult

Patient Weight:

14.06 • kg • lb

Results: [Sat Nov 05 02:29:28 GMT 2016]

Pediatric Emergency Drug Dosing Calculator

There is limited information available on the dosing of infants and neonates. As with all MICROMEDEX products, please use caution and exercise your clinical discretion and professional judgment when utilizing this calculator.

Sat Nov 05 02:29:28 GMT 2016

Patient Name: henderson, aaliyah

Entered Values: Dosing Type: Pediatric Pal

Patient Weight: 14.1 kg (30.9 lb)

Recommendations according to AHA guidelines ACLS/PALS/neonatal resuscitation.

*Attention - Institutionally dispensed drug concentrations may vary.

| Drug | Route | Dose | Delivery |
|---|---------------------|---|--|
| Adenosine | | | |
| Initial: 0.1 mg/kg/dose | Rapid IV/IO Push | 1.41 mg/dose (0.47 mL/dose of 3 mg/mL conc) | Immediately follow drug administration with at least 5 mL normal saline. |
| MAX: 6 mg/dose | | MAX: 6 mg/dose | |
| Repeat: 0.2 mg/kg/dose | | Repeat: 2.81 mg/dose (0.94 mL/dose of 3 mg/mL conc) | |
| MAX: 12 mg/dose | | MAX: 12 mg/dose | |
| Amiodarone | | | The second secon |
| 5 mg/kg/dose MAX: 300 mg/dose May repeat dose twice up to MAX: 15 mg/kg | IV/IO | 70 mg/dose (1.4 mL/dose of a 50 mg/mL conc) for pulseless VT/VF, give as rapid bolus; for perfusing tachycardias, infuse over 20 to 60 minutes MAX: 300 mg/dose May repeat dose twice up to MAX: 211 mg | Dilute to 1 to 6 mg/mL in D5W. |
| Atropine | | | |
| IV: 0.02 mg/kg/dose | IV/IO | 0.28 mg/dose (2.81 mL/dose of 0.1 mg/mL conc) | |
| MAX: 0.5 mg/dose | | MAX: 0.5 mg | |
| May repeat once | | May repeat once | |
| ET: | ET | 0.5 mg/dose (0.5 mL/dose of | Dilute in NS to a volume of |





| Drug | Route | Dose | Delivery |
|--|------------|--|---|
| 0.04 to | | 1 mg/mL conc) | 5 mL and follow instillation by |
| 0.06 mg/kg/dose | | Dose based on 0.04 mg/kg/dose | 5 positive pressure ventilations via ambu-bag. |
| MAX: 0.5 mg/dose | | MAX: 0.5 mg | |
| May repeat once | | May repeat once | |
| Calcium chloride 10 | % | | |
| 20 mg/kg/dose MAX: 2 g/dose | Slow IV/IO | 281 mg/dose (2.8 mL/dose of 100 mg/mL conc) | Administer slowly. |
| May Repeat: once | | MAX: 2 g/dose | |
| in 10 minutes | | May Repeat: once in 10 minutes | # P P P P P P P P P P P P P P P P P P P |
| Cardioversion | | | . Maadabbadda ah interpretaja ka |
| 0.5 to 1 joule/kg | Electrical | 7 joules | |
| May Repeat | | Dose based on: 0.5 joules/kg | |
| 2 joules/kg | · · | May Repeat 28 joules | |
| Defibrillation | <u> </u> | | |
| Initial shock: 2 joules/kg Second shock: | Electrical | Initial shock: 28.12 joules Second shock: 56.24 joules | Subsequent shocks of 4 joules/kg or more up to a MAX: 10 joules/kg or adult dose, whichever is less. |
| 4 joules/kg | | | |
| Dextrose | <u> </u> | | |
| 0.5 to 1 g/kg | IV/IO | 7 g/dose (28 mL/dose of D25W) | Neonates: Use D10W. |
| MAX: 25 g | | Dose based on: 0.5 g/kg MAX: 25 g | Infants and children: Use D25W. |
| | | | May dilute D50W 1:1 with sterile water to make D25W prior to administration. |
| ٠ | | | Adolescents: Use D50W. |
| DOBUTamine hydrod | hloride | | |
| 2 to 20 mcg/kg/min | IV/IO | Starting dose: 70.3 mcg/min (4.2 mL/hr of a 1000 mcg/ml_ conc) | Mix 20 mL from a 12.5 mg/mL vial in 250 mL |
| | | Dose based on: 5 mcg/kg/mln | D5W for a 1000 mcg/mL solution. |
| DOPamine | | | |
| 2 to 20 mcg/kg/min | IV/IO | Starting dose: 70.3 mcg/min (2.6 mL/hr of a 1600 mcg/mL conc) | Mix 10 mL from a 40 mg/mL vial in 250 mL D5W for a |
| | | Dose based on: 5 mcg/kg/min | 1600 mcg/mL solution. |
| EPINEPHrine | | | |
| IV: 0.01 mg/kg MAX: 1 mg/dose | IV/IO | 0.14 mg/dose (1.4 mL/dose of a 0.1 mg/mL conc) | |

| Drug | Route | Dose . | Delivery |
|---|-----------------|--|---|
| May Repeat every 3 to 5 minutes | | MAX: 1 mg/dose May repeat every 3 to 5 minutes | |
| Neonates IV: 0.01 to 0.03 mg/kg/dose | Neonates: IV | 0.14 mg/dose (1.4 mL/dose of a 0.1 mg/mL conc) | |
| | | Dose based on 0.01 mg/kg | |
| ET: 0.1 mg/kg | ET | 1.4 mg/dose (1.4 mL/dose of a 1 mg/mL conc) | Dilute in NS to a volume of 5 mL and follow instillation by |
| MAX: 2.5 mg/dose | | MAX: 2.5 mg/dose | 5 positive pressure |
| May repeat every 3 to 5 minutes | | May repeat every 3 to 5 minutes | ventilation via ambu-bag. |
| Neonates ET: 0.05 to 0.1 mg/kg/dose | Neonates: ET | 0.7 mg/dose (7 mL/dose of a 0.1 mg/mL conc) | Follow instillation by 5 positive pressure ventilation |
| | | Dose based on 0.05 mg/kg/dose | via ambu-bag. |
| EPINEPHrine: Infusio | n | | |
| 0.1 to 1 mcg/kg/min | Infusion | Starting Dose: 1.41 mcg/min (1.7 mL/hr of a 50 mcg/mL conc) | Mix 12.5 mL of 1 mg/mL vial in 250 mL D5W for a |
| | | Dose based on 0.1 mcg/kg/min | 50 mcg/mL solution. |
| Lidocaine | | | |
| IV: 1 mg/kg/dose | IV/IO | 14 mg/dose (1.4 mL/dose of 10 mg/mL conc) | |
| MAX: 100 mg | | MAX: 100 mg | |
| May repeat up to a MAX: 3 mg/kg | | May repeat every 5 to 10 minutes up to a MAX: 42 mg | |
| ET: 2 to 3 mg/kg/dose | ET | 28 mg/dose (2.8 mL/dose of 10 mg/mL conc) | Dilute in NS to a volume of 5 mL and follow instillation by |
| · | | Dose based on 2 mg/kg/dose | 5 positive pressure ventilation via ambu-bag. |
| Infusion: 20 to 50 mcg/kg/min | Infusion | 281 mcg/min (7 mL/hr of a 2400 mcg/mL cone) | Mix 30 mL from a 20 mg/mL vial in 250 ml D5W for a |
| - | | Dose based on 20 mcg/kg/min | 2400 mcg/mL solution. |
| Magnesium sulfate | | | |
| 25 to 50 mg/kg/dose MAX: 2 g/dose | IV/IO | 352 mg/dose (0.7 mL/dose of 500 mg/mL conc) over 10 to 20 minutes, faster in torsades de pointes | Dilute to a MAX of 200 mg/mL. |
| | | MAX: 2 g/dose | |
| | · | Dose based on 25 mg/kg/dose | |
| Naloxone For Full Re | versal | | |
| IV: younger than 5 | IV/IO/ET | For Full Reversal: younger than 5 years old or 20 kg | For ET administration: May require 2 to 3 times IV dose. |

ACLS/PAI Results for 14.1 km 0.9 lb)





| Drug | Route | Dose . | Delivery |
|---|----------|--|---|
| years old or 20 kg or less: 0.1 mg/kg/dose MAX: 2 mg/dose 5 years and older or more than 20 kg: 2 mg/dose | | or less: 1.41 mg/dose (1.4 mL/dose of 1 mg/mL conc) MAX: 2 mg/dose 5 years and older or more than 20 kg: 2 mg/dose | Dilute ET dose in NS to a volume of 5 mL and follow instillation by 5 positive pressure ventilations via ambu-bag. Use lower doses to reverse respiratory depression associated with therapeutic opioid use (1 to 5 mcg/kg titrate to effect). |
| Procainamide | <u> </u> | | |
| 15 mg/kg/dose | IV/IO | 211 mg/dose (2.11 mL/dose of 100 mg/mL conc) infuse over 30 to 60 minutes | Dilute in NS to a conc of 20 mg/mL. Monitor ECG and blood pressure. Use caution when administering with other drugs that prolong QA. |
| Sodium bicarbonate | <u> </u> | | |
| 1 mEq/kg/dose | IV/IO | 14 mEq/dose (14 mL/dose of 1 mEq/mL conc) | After adequate ventilation. |

RUN DATE: 11/06/16

Willis-Knighton South Nursing **LIVE

PATIENT ASSESSMENT

RUN TIME: 1110 RUN USER: BRAGGK.NS

Revision of Dis Inst 08/14

Patient: HENDERSON, AALIYAH L

Account #: K32957086 Admit Date: 11/04/16

Status: ADM IN

Attending: Craig, Anna M M.D

Age/Sex: 3Y 01M F

Unit #: K000629604 Location: SES

PAGE 1

Room/Bed: K.E5516-1

Next Dose Due

---- DISCHARGE INSTRUCTIONS -----

Brief Summary Of Hospital Stay: MEDICATIONS, IV FLUIDS, RESPIRATORY TREATMENT EDUCATION

: LABS, CHEST XRAY

--- DISCHARGE VITAL SIGNS---

Resp. Rate: 25 Heart Rate: 138 Temp: 99.0 Blood Pressure: 121/74

--- Flu and Pneumonia Vaccines ---

Flu Vaccine this flu season (Sep 1 - Mar 31): No Pneumonia Vaccine within the past 5 years:

*Nurse - if no to flu or pneumonia vaccine, refer to Adult/Influenza vaccine protocol

--- DISCHARGE FOLLOW UP---

1: Appointment with:

Patient/Family to make appointment in:

2: Appointment with:

Patient/Family to make appointment in:

3: Appointment with:

Patient/Family to make appointment in:

4: Appointment with:

Patient/Family to make appointment in:

5: Appointment with: PRIMARY CARE PROVIDER

Patient/Family to make appointment in: 3-4 DAYS

6: Appointment with:

Patient/Family to make appointment in:

7: Appointment with:

Patient/Family to make appointment in:

Other department referrals such as home health, physical therapy, hospice, cardiac rehab, etc:

--- DISCHARGE ACTIVITY---

Regume Normal Activity: Y Resume Normal Diet: Yes Diet Information: REGULAR Any restrictions: NO

--- TAKE HOME MEDICATIONS ----

TIME ROUTE Date DOSE MEDICATION BY MOUTH : 11/06/16:400 PM :14 MG 1: ORAPRED UNIT DOSE FREQUENCY: ONCE DAILY (REFRIDGERATE) : 11/06/16:500 PM

2: PULMICORT RESPULE (BUDESONIDE)

: 1 INHALE :0.25 MG

FREQUENCY: TWICE DAILY ***RX***

: BY MOUTH 3: PEDIA PROFEN (PEDIATRIC IBUPROFEN) :50 MG FREQUENCY: EVERY 6 HOURS AS NEEDED FOR TEMP > 102.5 F (IF NOT RELIEVED BY TYLENOL) :

4: PROVENTIL UNIT DOSE (ALBUTEROL SOLUTION) :1 INHALE : 1 INHALE FREQUENCY: EVERY 2 HOURS AS NEEDED FOR WHEEZING ***RX***

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PAGE 2 Willis-Knighton South Nursing **LIVE RUN DATE: 11/06/16 PATIENT ASSESSMENT RUN TIME: 1110 RUN USER: BRAGGK NS Revision of Dis Inst 08/14 Age/Sex: 3Y 01M F Patient: HENDERSON, AALIYAH L Unit #: K000629604 Account #: K32957086 Location: 5ES Admit Date: 11/04/16 Room/Bed; K.E5516-1 Status: ADM IN Attending: Craig, Anna M M.D. \$:80 MG BY MOUTH 5: TYLENOL (ACETAMINIPHEN) FREQUENCY: EVERY 4 HOURS AS NEEDED FOR TEMP > 101 F 6: FREQUENCY: Ľ 7: FREQUENCY: 3 8: PREQUENCY: Next Dose Due TIME ROUTE DATE DOSE MEDICATION 9: FREQUENCY: 10: FREQUENCY: 11: PREQUENCY: 12: FREQUENCY: 13: FREQUENCY: 14: PREQUENCY: 15: FREQUENCY: 16: FREQUENCY: Next Dose Due TIME DATE ROUTE DOSE MEDICATION 17: FREQUENCY: \$. 18: PREQUENCY: 19: PREQUENCY: 20: FREQUENCY: 21: FREQUENCY: 22: FREQUENCY: 23: FREQUENCY: 24: FREQUENCY: Next Dose Due

TIME

DATE

ROUTE

DOSE

MEDICATION

-#1 ():5

療 (5)

PAGE 3 Willis-Knighton South Nursing **LIVE RUN DATE: 11/06/16 PATIENT ASSESSMENT RUN TIME: 1110 RUN USER: BRAGGK.NS Revision of Dis Inst 08/14 Age/Sex: 3Y 01M P Unit: #: K000629604 Patient: HENDERSON, AALIYAH L Account #: K32957086 Location: 589 Admit Date: 11/04/16 Room/Bed: K.B5516-1 Status: ADM IN Attending: Craig, Anna M M.D. FREQUENCY: 2 26: FREQUENCY: FREQUENCY: FREQUENCY: 29: FREQUENCY: 30: FREQUENCY: Sliding Scale: Additional Instructions: --- Skin and Wound Care---Description of any skin assessment findings and skin care or wound care instructions and/or medications: NO SKIN IMPAIRMENT --- Discharge Materials and Information Given to Patient and Family---List of discharge materials/printed instructions given: : DISCHARGE PAPERWORK, PRESCRIPTIONS X2 Cardiopulmonary Home Care Instructions Provided: No Is the patient at risk for falling at home: No

Page 1174 of 1758

RUN DATE: 11/06/16

Willis-Knighton South Nursing **LIVE** PATIENT ASSESSMENT

PAGE 4

RUN TIME: 1110

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RUN USER: BRAGGK.NS

Revision of Dis Inst 08/14

Patient: HENDERSON, AALIYAH L

Account #: K32957086 Admit Date: 11/04/16

Status: ADM IN

Attending: Craig, Anna M.M.D.

Age/Sex: 3Y 01M F Unit #: K000629604

Location: 5ES

Room/Bed: K.E5516-1

Smoking can be hazardous to your health and those around you. Assistance to stop smoking is available by calling WK QUIT (212-4450), the American Lung Association (800-LUNG-USA), or the American Cancer Society (800-QUIT-NOW).

--- Rouipment and Lines ---

*Nurse - if any lines or equipment left in place at discharge, verify MD order to leave in place.

Heparin lock removed: Yes

Urinary Catheter Removed: Not applicable *Nurse - if yes, verify patient has voided prior to discharge and/or document findings.

Port Access Needle in Place: Not applicable

PICC Line Removed: Not applicable

Date and Time of last PICC flushing:

Date and Time of last PICC Dressing Change:

PICC Line Mark At:

Home Health Arrange To Care For PICC At Home:

PICC Line Home Care Instructions Provided To Patient Or Family:

Telemetry Removed: Yes

Other Discipline Discharge Instructions: NA

Patient verbalises understanding and/or demonstrates understanding of discharge instructions: No

If no: FAMILY UNDERSTANDS

Any retained medications returned to patient: Not applicable If no:

Any valuables returned to patient: Not applicable If no:

Any records sent with patient: Not applicable

Mint Or Family Signature: Date of Birth: 10/01/13

Nurse Printed Name

te and Time of Signatures:

1114

Occurred Date: 11/06/16

Monogram: KNB

Initials: BRAGGK.NS Name: BRAGG, KAYLA N.

Occurred Time: 1100 Nurse Type: RNAPP

WILLIS-KNIGHTON HEALTH SYSTEM Fall Prevention Guidelines for Pediatric Patient and Family

Accidental falls may occur in the hospital. These accidents are as distressing to hospital personnel as they are to the patient. Our health care team of nurses, doctors, physical therapists, and assistants are here to assist you and your child in a safe and speedy recovery. Your participation and cooperation with this program will help you to prevent unnecessary injury.

- * Adult supervision is required for all children age 12 and under
- * Keep ID band on child

- * Notify nursing staff when assistance is needed for toileting or other needs
- * Keep bed in low position and keep side rails up to the top of the crib when child is in crib
- * Have child wear anti-slip footwear when ambulating
- * Keep restroom light or night light on during the night
- * Keep room as clutter free as possible, allowing for clear pathways for your child to ambulate



10/01/13 3Y 01M K.E5516-1 Craig, Anna M M.D. K32957086 11/04/16





Dear Parent,

Welcome to Willis-Knighton Health System. Your child's safety is a priority at Willis-Knighton. You can help ensure your child's safety by following these important steps:

- 1. A responsible adult should be with a child 12 years or younger at all times.
- Become familiar with hospital personnel. Employees handling your child wear galaxy blue scrubs, lab coat/pediatric theme lacket and a hospital badge with their picture on it. Please take time to notice whether the photo on the badge and the staff member's face are the same. If they are not, notify the nurse's station immediately!
- Pediatric patients must have an identification band on the wrist or foot at all times. 3.
- All Pedlatric Nursing staff wear: a, galaxy blue scrubs and lab jacket with pediatric theme b. a WKHS ID badge with their picture on it.
- Never leave your child alone or unsupervised in your room. Also, keep your door to your room closed at all times.
- Feel free to question anyone who comes into your room. Alert the nurse's station immediately, even if the person is dressed in hospital clothing or seems to have a good reason for being there.
- Never allow your child to leave their room with a staff member unless your nurse introduces that staff member to you. We want you to accompany your child to special procedures that are done off the unit. The nurse will inform you of what procedures that you will not be allowed to be in with your child. Example: You may accompany your child to the outside doors of surgery but will not be allowed in surgery.

Willis-Knighton Health System is dedicated to keeping your child safe and secure. If you have any questions or concerns about our Pediatric Security Policy, please contact your nurse.

SIGNATURE

DATE/TIME:

Printed: 11/04/2016













ASSIGNMENT OF BENEFITS

- 1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, LV, treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.
- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any
- 3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 11/04/16 Admission Time: 1458





10/01/13 Easterling, David R M.D. K32957086 11/04/16













ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one—third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

| I ACKNOWIEDBE | mart nave been nav | ance or my reproduce company | | | | A |
|---------------------------|-----------------------|--|-----------|-----------------------|--------|------------------------|
| Signature of the August N | Fr Alexando | Date/Time X Guaran | | Date/Time | Daviel | Vitness Date Date Name |
| If Patient/Guarantor | is unable to sign, I, | , either expressed or in | | that I have been give | | |
| Signatu Authorize | | Authorized Party's Relationship to the Patient | Date/Time | W | itness | Date/Time |
| Admission Date: | 1.1/04/16 1458 | AM0 00 5 | | | | |

10/01/13

3Y

Easterling, David R M.D. K32957086 11/04/16

WILLIS-KNIGHTON MEDICAL CENTER SHREVEPORT, LA

EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME:

GUARANTOR: ALEXANDER, JENNIFER

ADDRESS: 3011 KITTY LN APT B SHREVEPORT, LA 71107

PHONE:

(318)210-3821

ACCT. NO: K32954356

NEXT OF KIN: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD

ADDRESS:

PHONE:

ARRIVED FROM: C

ATTENDING PHYS: Willis Jr, Fred Spence M.D.

ADMIT/OTHER PHYS:

PRIM CARE PHYS: UNKNOWN

POLICY # 1997286459512

DATE:

TIME:

SERV/LOC:

GROUP #

BENEFIT PLAN

MEDICAID

PRIMARY INS: LA HLTHCARE CONN LA ME

SECONDARY INS: TERTIARY INS:

FOURTH INS:

ACCT NO: K32954356

ROOM:

STATUS: REGER

PATIENT:

ADDRESS: 2247 LEGARDY STREET

SHREVEPORT, LA 71107 (318)210-3821

PHONE:

COUNTY: CADDO PARISH

BIRTHDATE:

3Y AGE: SEX:

BLACK OR AFRICAN A

11/04/16

10/01/13

0508

ERS

RACE RELIGION: NO RELIGION MARITAL STAT: SINGLE

EMPLOYER: GOD'S GIFT 2305 MARIAN PL ADDRESS:

SHREVEPORT,LA 71109

000-0000

PERSON TO NOTIFY: ALEXANDER, JENNIFER

ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

PHONE: (318)210-3821

RELATION: M

Baby ID#:

UNIT#: K000629604

338-89-3614

F/C: MA

SS#:

Is the Patient here for Pre-Op Testing:

Reason for Visit: COLD SYMPTOMS/COUGH

Known Drug Allergies: (NKDA)

HIPPA Notice Given: Y Date Notice Given: 09/23/14

Device Id: AMSPC6

Interpreter ID Number

Patient Survey: N Preferred Language: ENGLISH Ethnicity: NHILAT

Admit Clerk: FRANKB.AM

Do you have an advaced directive that you would like to present to us today? N



Physician Documentation

Name: Aalivah

Age: 3 yrs Sex: Female DOB: 10 01/2013 Arrival Date: 11/04/2016 Time: 05:08

Bed 10

Willis Knighton South

MRN: 1116206 Account#: K32954356 Private MD: Allen, scott

HPI:

11/04 This 3 years old African Am/Black Female presents to ED via Ambulatory with complaints of Cold

sw2

06:26 Symptoms, Cough.

06:26 The patient or guardian reports cough, wheezing. Onset: The symptoms/episode began/occurred yesterday. sw2 Modifying factors: The symptoms are alleviated by nothing, the symptoms are aggravated by nothing. Associated signs and symptoms: Pertinent positives: shortness of breath, wheezing, Pertinent negatives: fever, vomiting. The patient has experienced similar episodes in the past. Severity of symptoms: At their worst the symptoms were severe, in the emergency department the symptoms have improved.

Historical:

Allergies: No known drug Allergies;

Home Meds:

Albuterol Nebulizer as needed

PMHx: Autism PSHx: None

Historical:

05:18 Family history: Pertinent for; Mother has/had hypertension. Immunization history: Childhood immunizations cph up to date. Social history: The patient lives at home with family The patient patient is non verbal, the patient is a minor.

sw2

06:26 The history from nurses notes was reviewed and confirmed.

ROS:

06:26 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned sw2 below. Constitutional: Negative for fever, poor PO intake. Respiratory: Positive for cough, wheezing.

Exam:

06:26

sw2

Constitutional: Well developed, well nourished child who is awake. alert and cooperative with no acute distress.

Head/Face: Normocephalic, atraumatic.

Eyes: PERRLA, EOMI. Normal conjuctiva with no evidence of injection or discharge. Sclera are non-icteric. No gross corneal defects and anterior chambers appear normal by gross inspection.

Neck: Supple. Trachea midline. No lymphadenopathy or masses. Normal ROM with no evidence of vertebral point tenderness. No meningismus. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness. Cardiovascular: Regular rate and rhythm with normal S1 and S2. no murmurs, rubs or gallops. Pulses intact and symmetrical throughout. No edema or JVD.

Abdomen/GI: Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding, rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation.

Skin: Warm and dry with excellent turgor, capillary refill <2 seconds. No cyanosis, pallor, rash or edema. MS/ Extremity: No evidence of focal tenderness or deformity. Full ROM throughout with no evidence of

Neuro: Awake, alert, with age appropriate mental status. CN 2-12 grossly intact. Motor strength 5/5 throughout with sensory grossly intact. Age appropriate cerebellar function. Age appropriate ambulatory

Respiratory: Respirations: labored breathing, that is mild, Breath sounds: wheezing, that is moderate, congested with cough.

06:30

sw2

Neuro: Orientation: is normal.

Physician Documentation Con't.

Vital Signs:

| Time | B/P | Pulse | Resp | Temp | Pulse Ox | Weight | Height | Pain | Staff |
|-------|-----|-------|------|-------|----------|-------------|-------------|------|-------|
| 05:20 | | | 26 | 100.2 | 100% | 14.06 kg / | 40 in. (102 | | cph |
| | | | | | | 31 lbs 0 oz | cm) | | |

05:20 patient very agitatied hard to obtain accurate vitals

cph

Glasgow Coma Score:

| 5 | W COMM COOLS | | | ····· | | |
|-------|----------------|------------------------|-------------------|-------------------|-------|-------|
| Time | Eve Response | Verbal Response | Motor Response | Modifying Factors | Total | Staff |
| 05:20 | spontaneous(4) | inappropriate words(3) | obeys commands(6) | Phys. Deformity | 13 | cph |

MDM:

05:25 Patient medically screened.

sw2 sw2

06:26

Differential Diagnosis: Bronchitis Influenza Upper Respiratory Infection Sinusitis Pharangitis Asthma

Exacerbation Viral Syndrome Pneumonia.

Data reviewed: vital signs, nurses notes, radiologic studies, and as a result, I will administer steroids,

Prelone, administer nebulizer.

Data interpreted: Pulse oximetry: normal.

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

Response to treatment: the patient's symptoms have markedly improved after treatment.

| Order | Status | Time | Ву | For |
|--|--------------------------------------|----------------------------------|-------------|---------|
| Call X-Ray Tech | Ordered | 11/04/16 05:26 | sw2 | sw2 |
| • | Completed | 11/04/16 05:36 | Christine | e Kemp |
| Notes: | Order Method: E | lectronic | | |
| Order | Status | Time | Ву | For |
| Chest 2 View *routine* | Ordered | 11/04/16 05:26 | sw2 | sw2 |
| <u></u> | Returned | 11/04/16 06:16 | Jose To | rres |
| Notes: Bed Name: 10 | Order Method: E | lectronic | | |
| ER EXAM ROOM/BED: (OERDERRMBD): 10 | · STRETCHER | | | |
| ER EXAM ROOM/BED: (OERDERRMBD): 10 MODE OF TRANSPORTATION: (OERDTRANS): O2: (OEADO2): No REASON FOR EXAM: (OERDEXAM): Cold Sym | | | | |
| MODE OF TRANSPORTATION : (OERDTRANS): O2: (OEADO2): No | | Time | Ву | For |
| MODE OF TRANSPORTATION: (OERDTRANS): O2: (OEADO2): No REASON FOR EXAM: (OERDEXAM): Cold Sym Order | nptoms | Time 11/04/16 05:30 | By sw2 | For sw2 |
| MODE OF TRANSPORTATION: (OERDTRANS) O2: (OEADO2): No REASON FOR EXAM: (OERDEXAM): Cold Sym | nptoms Status | | | |
| MODE OF TRANSPORTATION: (OERDTRANS): O2: (OEADO2): No REASON FOR EXAM: (OERDEXAM): Cold Sym Order | nptoms Status Ordered | 11/04/16 05:30 11/04/16 05:41 | sw2 | |
| MODE OF TRANSPORTATION: (OERDTRANS): O2: (OEADO2): No REASON FOR EXAM: (OERDEXAM): Cold Sym Order PrElone Liquid 1 tsp PO once | Ordered Administered Order Method: E | 11/04/16 05:30 11/04/16 05:41 | sw2 | |

Name: Aaliyah

Print Time 10/1/2019 10:03 09

MRN: 1116206 Account#: K32954356

Page 2 of 3

Physician Documentation Con't.

| Order | | Status | Time | Ву | For | | |
|------------------------------------|--------------------------------|--------------------------------|--------------------------|------|-----|--|--|
| DuoNeb 1 unit dose Inhalation once | | Ordered | 11/04/16 05:30 | sw2 | sw2 | | |
| | | Administered | 11/04/16 05:42 | sc7 | | | |
| Notes: | | Order Method: E | Order Method: Electronic | | | | |
| 11/04/16 05:42 | Administered: DuoNeb 1 unit do | se Inhalation | | | sc7 | | |
| 11/04/16 06:40 | Follow Up: Response: No Adver | se Reaction; Respiratory statu | s improved: Tolerated w | rell | Inp | | |

Order Signatures:

Willis, Fred, MD

MD sw2

Disposition:

06:26 Electronically signed by: FRED WILLIS JR MD. Disposition.

sw2 sw2

06:30 Disposition.

Disposition:

11/04/16 06:29 Discharged to Home/Self Care. Impression: Bronchitis Asthmatic, Asthma with Acute Exacerbation.

- Condition is Stable.
- · Discharge Instructions: Bronchitis.
- Prescriptions for

Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution

- take 7.8 milliliter by ORAL route every 12 hours for 10 days; 160 milliliter.

Prelone 15mg/5ml Oral Solution

- take 1 teaspoonful by ORAL route once daily for 5 days; 1 QS.

Robitussin

- CF Oral Suspension take 1.25 milliliter by ORAL route every 6-8 hours As needed; 15 milliliter.
- Follow up: scott Allen; When: Tomorrow.
- · Problem is new.

Print Time: 10/1/2019 10 03:09

· Symptoms have improved.

Signatures:

| Willis, Fred, MD | MD sw2 | Hanson, Chenoa. RN | RN cph |
|----------------------|--------|--------------------------|----------------|
| Courtney, STEVEN, RN | RN sc7 | Kemp, Christine, ED Tech | ED ck3 Tech |
| Lauren Poulsen RN | RN Inp | | |

Name: Aaliyah Account#: K32954356

Page 3 of 3

Nurse's Notes

Name: Aaliyah

Age: 3 yrs Sex: Female DOB: 10/01/2013 Arrival Date: 11/04/2016 Time: 05:08

Bed 10

Willis Knighton South

MRN: 1116206 Account#: K32954356 Private MD: Allen, scott

Presentation:

 $\frac{11/04}{05:15}$ Method of Arrival: Ambulatory.

05:15 Preferred language for medical communication is English. Presenting complaint: Mother states: She started cph with a runny nose on Wednesday and then today she started wheezing. Person Transporting: Parent. Transition of care: patient was not received from another setting of care.

05:20 Acuity: 4 - Semi-Urgent.

cph

cph

Triage Assessment:

05:16 General: Appears well developed, well nourished, well groomed. Behavior is inappropriate for age, patient cph is autistic. mobility; ambulates without assistance. Pain: Alternate pain scale used; pain scale used due to autism patient non verbal.

Historical:

· Allergies: No known drug Allergies;

Home Meds:

1. Albuterol Nebulizer as needed

• PMHx: Autism PSHx: None Historical:

05:18 Family history: Pertinent for; Mother has/had cph hypertension. Immunization history:

Childhood immunizations up to date. Social history: The patient lives at home with family The patient patient is non verbal, the patient is a minor.

06:26 The history from nurses notes was reviewed and confirmed.

Screening:

05:18 Abuse screen:

cph

there are no obvious signs of child abuse.

Patient fall risk assessment;

risks identified; None. Learning Barriers:

age barrier identified, caregiver ready and

willing to learn, prefers oral and written instructions.

Pedi Fall Risk None Identified.

Exposure risk/Travel Screening:

None identified.

Assessment:

05:26 Pain: level that is acceptable is 0 out of 10 on a pain scale. Alternate pain scale used; patient is non verbal, cph autistic. Mother reports that patient does not appear to be in any pain to her. Pain began. General: Appears well developed, well nourished, Behavior is inappropriate for age, patient is autistic, nonverbal, rolling around in bed, fighting off nurses. Patient continuously making gibberish grunting noises. . Neuro: Level of Consciousness is alert, awake. EENT: Nares with drainage noted bilaterally Oral mucosa is moist. EENT: Parent/caregiver reports the patient having nasal congestion nasal discharge. Respiratory: Respiratory effort is even, unlabored, relaxed. Respiratory pattern is regular, symmetrical, Airway is patent Breath sounds with rhonchi Parent/caregiver reports the patient having cough that is wheezing. Dermatologic: Skin is intact, is healthy with good turgor, Skin is moist. Injury Description: denies injury. Age appropriate behavior- Toddler (12 months to 4 yrs): minimal language skills.

Vital Signs:

| Time | B/P | Pulse | Resp | Temp | Pulse Ox | Weight | Height | Pain | Staff |
|-------|-----|-------|------|-------|----------|-------------|-------------|------|-------|
| 05:20 | , | 1. | 26 | 100.2 | 100% | 14.06 kg/ | 40 in. (102 | | cph |
| 00.20 | | | | | | 31 lbs 0 oz | cm) | | |

05:20 patient very agitatied hard to obtain accurate vitals

cph

Vitals:

05:20 Acuity: 4 - Semi-Urgent.

cph

06:42 Body Mass Index = 13.51.

Inp

Nurse's Notes Con't

Glasgow Coma Score:

| Time | Eye Response | Verbal Response | Motor Response | Modifying Factors | Total | Staff |
|-------|----------------|------------------------|-------------------|-------------------|-------|-------|
| 05:20 | spontaneous(4) | inappropriate words(3) | obeys commands(6) | Phys. Deformity | 13 | cph |

ED Course:

| ED Course: | |
|---|-----|
| 05:08 Patient arrived in ED. | ms2 |
| 05:08 Patient moved to KIOSK. | ms2 |
| 05:14 Patient moved to 10. | cph |
| 05:14 Hanson, Chenoa, RN is Primary Nurse. | cph |
| 05:15 Allen, scott is Private Physician. | cph |
| 05:25 Willis, Fred, MD is Attending Physician. | sw2 |
| 05:25 Patient/caregiver encouraged to voice any concerns. Bed in low position. Call light in reach. Patient has correct armband on for positive identification. Adult with patient. | cph |
| 06:07 Patient moved to Radiology. | jat |
| 06:07 Chest 2 View *routine* Sent. | jat |
| 06:16 Patient moved to 10. | jat |
| 06:28 Allen, scott is Referral Physician. | sw2 |
| 06:41 No procedures done that require assistance. | Inp |
| | |

Administered Medications:

| Time | Drug & Dose Dispensable & Ownsity | Volume | Route | Rate | Infused Over | Site | Delivery | Staff |
|-------|---|---------------|------------|------|-----------------|------|----------|-------|
| 05:41 | PrElone Liquid 1 tsp | | PO | | | | | sc7 |
| 06:41 | Follow up: Response: No Adverse Reacti | on: Tolerated | well | | | | | Inp |
| 05:42 | DuoNeb 1 unit dose | | Inhalation | | | | | sc7 |
| 06:40 | Follow up: Response: No Adverse Reaction; Respiratory status improved; Tolerated well | | | | | | | Inp |

Outcome:

06:29 Discharge ordered by MD.

sw2 Inp

06:41 Discharged to home, carried, with family. Discharge instructions given to family, Instructed on discharge instructions, follow up and referral plans, medication usage. Demonstrated understanding of instructions, medications, Prescriptions given; 3. No questions or concerns expressed to me at discharge. No belongings were removed by WK staff. **Medication reconcilliation form provided. Med Effects:** Effects of administered medications were addressed. **Oxygen use:** Oxygen used on this visit.

06:42 Electronic medical record closed.

Inp

Signatures:

| Willis, Fred, MD | MD | sw2 | Hanson, Chenoa, RN | RN | cph |
|----------------------|----|-----|---------------------|----|-----|
| Scriptuser, MEDHOST | | ms2 | Torres, Jose | | jat |
| Courtney, STEVEN, RN | RN | sc7 | Lauren, Poulsen, RN | RN | Inp |

Name: Aaliyah

Print Time: 10/1/2019 10 03:52

MRN: 1116206 Account#: K32954356

Page 2 of 2

WILLIS-KNIGHTON SOUTH EPI: 000000001116206

Account: K32954356 XR REPORT
Patient: DEP ER

Order Dr: Willis Jr, Fred Spence M.D. DOB: 10/01/13

Final Report

Admitting Diagnosis: COLD SYMPTOMS/COUGH

Reason For Exam: Cold Symptoms Interpretive Location: WKP Procedure Date: 11/04/2016 Accession Number: 3394193

Procedure: SXR - XR, chest 2 view CPT Code: 71020

IMPRESSION:

1. Negative chest

No interval change from prior exam.

RESULT: XR, chest 2 view

Clinical Information: Cold Symptoms

Comparison: 10/16/2016

Findings: Heart size normal. Lung fields clear. Bony elements

negative.

Electronically Signed by: BRENT JAMES BOUDREAUX M.D. on Nov 4 2016 7:10A

3394193

RUN DATE: 134/16 RUN TIME: 0529 INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

RUN USER: FRANKB.AM

Unit#: K000629604

Name: L Rm/Bd: Serv/Ld

Serv/Locn: ERS
Account#: K32954356

DOB: 10/01/13 Age: 3Y 01M Status: ER Sex: F EPI#: 000000001116206

| | | Last Update/ Acknowledgement: |
|---|--|----------------------------------|
| = | Interdisciplinary Assessment (Free Text), historical data: | |
| | Allergy1-Med/Contact: NKDA | 05/14/16 - 0436 |
| | Allergy2-Med/Contact: | 05/14/16 - 0436 |
| | Food Allergies-Intol: NKFA | 05/14/16 - 0436 |
| | Latex Allergy (Y/N): | 05/14/16 - 0436 |

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

05/16/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

> 10/01/13 3Y 01M Willis Jr. Fred Spe

Willis Jr, Fred Spe K32954356 11/04/16



Willis Knighton South

2510 Bert Kouns Industrial Loop Shreveport, LA 71118 318-212-5500

Discharge Instructions for:

Arrival Date:

11/04/16 05:08

Care Complete Time:

11/04/16 06:29

Thank you for choosing Willis Knighton South for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Willis, Fred, MD

Diagnosis:

Bronchitis Asthmatic; Asthma with Acute Exacerbation

| DISCHARGE INSTRUCTIONS | FORMS | |
|--------------------------------|---|--|
| Bronchitis | None | |
| FOLLOW UP INSTRUCTIONS | PRESCRIPTIONS | |
| Allen, scott When: Tomorrow | Amoxicillin Prelone Robitussin-CF | |
| SPECIAL NOTES | | |
| None | | |

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if

MRN # K000629604

ED Physician or Nurse

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

3Y 01M Willis Jr, Fred Spe K32954356

11/04/16

FOLLOW UP INSTRUCTIONS

•





Allen, scott

When: Tomorrow

PRESCRIPTIONS

Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution
Take 7.8 milliliter by ORAL route every 12 hours for 10 days; 160 milliliter

Prelone 15mg/5ml Oral Solution
Take 1 teaspoonful by ORAL route once daily for 5 days; 1 QS

Robitussin-CF Oral Suspension
Take 1.25 milliliter by ORAL route every 6-8 hours As needed; 15 milliliter

TESTS AND PROCEDURES

Labs

None

Rad Chest 2 View *routine*

Procedures None

Other

Call X-Ray Tech

HENDERSON L. 10/01/13 3Y 01M Willis Jr, Fred Spe K32954356 11/04/16













ASSIGNMENT OF BENEFITS

- I. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.
- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third—party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third—party payors for the purpose of performing pre—certification, concurrent and/or retrospective review and/or other utilization review of any kind.
- 3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any automeys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 11/04/16
Admission Time: 0508



10/01/13 3Y F Willis Jr, Fred Spence M.D. K32954356 11/04/16













ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one—third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis—Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

| 1 acknowledge | mat I have been m | normed (it my rights and congact | ons as a pa | | | | |
|-------------------------------|-------------------------------|---|-----------------|---------------------------|---------------------|-----------|-----------|
| Signature of Pa | atien/Guardian Alc/Alc/elame | Date/Time Guaran | | Date/Time | BEHY 3 | itness | Date/Time |
| If Patient/Guaranto | r is unable to sign, I, | | , do hereby sta | te that I have been give | n the authority to | sign for | |
| | | , either expressed or it | mplied and tha | the or she is fully aware | e of this authority | , | |
| Signat Authoriz | | Authorized Party's Relationship to the Patient | Date/Time | Wi | itness | Date/Time | |
| Admission Date Admission Time | 11/04/16 0508 | AMOCOS | 1 | 0/01/13 3Y | L | | |

Willis Jr, Fred Spence M.D. K32954356 11/04/16









WILLIS-KNIGHTON MEDICAL CENTER SHREVEPORT, LA EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME:

ACCT: NO: K32880478

GUARANTOR: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET

NEXT OF KIN: ALEXANDER JENNIFER ADDRESS: 2247 LEGARDY STREET

SHREVEPORT,LA 71107

SHREVEPORT, LA 71107

(318)210-3821 PHONE:

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD

ADDRESS:

PHONE:

ARRIVED FROM: C

ATTENDING PHYS: Easterling, David R M.D. ADMIT/OTHER PHYS:

PRIM CARE PHYS: UNKNOWN

NAME

POLICY #

GROUP # BENEFIT PLAN

MEDICAID

PRIMARY INS: LA HLTHCARE CONN LA ME

1997286459512

SECONDARY INS:

TERTIARY INS: FOURTH INS:

ACCT NO: K32880478

ROOM:

PHONE:

STATUS: REGER

DATE:

10/16/16

UNIT#: K000629604

TIME:

1227

F/C: MA

SERV/LOC: ERS

SS#: 338-89-3614

PATIENT: ADDRESS: 2247 LEGARDY STREET

(318)210-3821

SHREVEPORT, LA 71107

37

BIRTHDATE: 10/01/13

BLACK OR AFRICAN A

RACE

AGE:

SEX:

RELICION: NO RELIGION MARITAL STAT: SINGLE

COUNTY: CADDO PARISH

EMPLOYER: GOD'S GIFT

(318)424-5070

ADDRESS: 2546 CENTENARY BLVD

SHREVEPORT, LA 71106

PERSON TO NOTIFY: ALEXANDER JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

PHONE: (318)210-3821

RELATION: M

Is the Patient here for Pre-Op Testing:

Comments: NON INJURY

Reason for Visit: COUGH-FEVER

HIPPA Notice Civen: Y

Date Notice Given: 09/23/14

Admit Clerk: MORANC.AM

Baby ID#:

Known Drug Allergies: NKDA

Patient Survey: N Preferred Language:

Device Id: AMSPC5 Ethnicity: NHILAT

Interpreter ID Number: Do you have an advaced directive that you would like to present to us today? N



Physician Documentation

Willis Knighton South

Name: Aaliyah Age: 3 yrs Sex: Female DOB: 10/01/2013

Age: 3 yrs Sex: Female DOB: 10/01/2013 Arrival Date: 10/16/2016 Time: 12:27 Bed 11 MRN: 1116206 Account#: K32880478 Private MD: Scott, Allen

HPI:

10/16 This 3 years old African Am/Black Female presents to ED via Ambulatory with complaints of Cough - fever. kr2

13:26 The patient presents to the emergency department with cough, earache, "tugging at both ears", fever, wheezing. Onset: The symptoms/episode began/occurred yesterday. Associated signs and symptoms: Pertinent positives: cough, earache, fever, myalgias, wheezing, Pertinent negatives: congestion, constipation, diarrhea, seizure, shortness of breath, vomiting.

13:31 Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by kr2 nothing. Treatment prior to arrival: none. The patient has not experienced similar symptoms in the past. The patient has not recently seen a physician.

Historical:

· Allergies: No known drug Allergies;

· Home Meds:

1. Albuterol Inhl as needed

PMHx: AsthmaPSHx: NoneHistorical:

13:31 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations sh1 up to date, Last flu immunization: up to date. Last tetanus immunization: up to date. Social history: The patient lives with mother The patient speaks fluent English, speaks appropriately for age, the patient is a minor

13:31 The history from nurses notes was reviewed and confirmed.

kr2

kr2

ROS:

13:31 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned below. Eyes: Negative for injury, swelling, pain. visual disturbance or loss, FB sensation. redness, and discharge, Neck: Negative for injury, pain, stiffness, and swelling Cardiovascular: Negative for chest pain, palpitations, and edema, Abdomen/GI: Negative for abdominal pain. nausea. vomiting, diarrhea, and constipation, hematochezia, hematemesis, melena, anorexia, dysphagia. injury, distention Back: Negative for injury, pain, deformity, and decreased ROM GU: Negative for injury. pain, bleeding, discharge, incontinence, and swelling, MS/Extremity: Negative for injury, pain, swelling, and decreased ROM Skin: Negative for injury, swelling, discoloration, rash, and lesions Neuro: Negative for altered mental status, headache, weakness, numbness, tingling, and seizure Psych: Negative for depression, anxiety, suicide ideation, homicidal ideation, auditory hallucinations, visual hallucinations, and delusions. Constitutional: Positive for coughing, fever, malaise, acute pain, Negative for chills, fussiness, obvious distress, poor PO intake, shortness of breath, vomiting. ENT: Positive for pulling at ears, Negative for difficulty swallowing, hoarseness, nasal discharge, sinus congestion, sinus pain. Respiratory: Positive for cough, wheezing, Negative for dyspnea on exertion, hemoptysis, orthopnea, pleurisy, paroxysmal nocturnal dyspnea, shortness of breath, sputum production.

Exam:

13:31 kr2

Constitutional: Well developed, well nourished child who is awake, alert and cooperative with no acute distress

Head/Face: Normocephalic, atraumatic.

Eyes: Pupils equal round and reactive to light, extra-ocular motions intact, no evidence of conjunctivitis. Lids and lashes normal

Neck: Supple. Trachea midline. Normal thyroid with no lymphadnopathy or masses. Normal ROM without pain. No vertebral point tenderness. No meningismus, no nucchal rigidity Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Physician Documentation Con't.

Chest/axilla: Normal chest wall appearance and motion. Nontender, no deformity. No lesions appreciated. No axillary lymphadenopathy

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.

Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

Abdomen/GI: Soft, non-tender, nondistended no mass, no hepatoslenomegaly. No rebound or guarding. Bowl sounds present all quadrants. No hernia noted.

Back; Normal inspection wit no obvious deformity. No spinal or CVA tenderness. Normal ROM without pain.

Skin: Warm and dry with excellent turgor. Normal color with no rashes, pallor, or cellulitis.

MS/ Extremity: Pulses equal, no clubbing, cyanosis, or edema. Neurovascular intact. Full, normal range of motion without pain.

Neuro: Awake and alert, oriented to person, place, time, and situation. Good muscle tone. Moves all extremities. GCS 15. Sensory grossly intact. Normal speech and gait for age.

Psych: Behavior and affect are normal for age. No delusions.

ENT: External ear(s): are unremarkable, no erythema, no laceration, no abscess, no swelling, no contusion, no pain with movement, Ear canal(s): are normal, no abscess, no bleeding, no cerumen impaction, no erythema, no foreign body, no purulent discharge, no swelling, TM's: are normal, no evidence of bulging, no dullness, no erythema, no fluid levels, no rupture, Nose: is normal, no abscess, no bleeding, no drainage, no edema, no erythema, no laceration, no septal hematoma, no swelling, Mouth: is normal, no gum abnomalities, no lip abnormalities, no mucosal abnormalities, no tongue abnormalities, Posterior pharynx: Airway: normal, no evidence of obstruction, Tonsils: are normal in appearance, Uvula: normal, midline, swelling, is not appreciated, erythema, that is moderate, exudate, is not appreciated, peritonsillar mass, is not appreciated.

Vital Signs:

| Time | B/P | Pulse | Resp | Temp | Pulse Ox | Weight | Height | Pain | Staff |
|-------|---------|-------|------|---------|-------------|---------------------------|---------------------|------|-------|
| 12:47 | 94 / 55 | ··· | 31 | 99.6(T) | 100% on R/A | 14.06 kg / 31 lbs 0 oz | 3 ft. 0 in. (91 cm) | 4/10 | rbp |
| 12:48 | | | | 98.7(A) | | | | | rbp |
| 13:34 | | | | 98.8(R) | | | | | sh1 |
| 16:11 | | 112 | 24 | 99.2(A) | 100% on R/A | | | 0/10 | sh1 |

Glasgow Coma Score:

| Ciasge | M OOMA OOOLG. | | | | | | |
|--------|----------------|-----------------|-------------------|-------------------|-------|-------|--|
| Time | Eve Response | Verbal Response | Motor Response | Modifying Factors | Total | Staff | |
| 12:47 | spontaneous(4) | oriented(5) | obeys commands(6) | | 15 | rbp | |

MDM:

13:18 Patient medically screened.

sd5 kr2

13:31

Data reviewed: vital signs, nurses notes, and as a result. I will continue to observe the patient. **Counseling:** I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions

or concerns that arise at home.

| Order | Status | Time | Ву | For | | |
|--------------------------|---------------|----------------------------------|-------------|-----|--|--|
| Strep A Screen Rapid Oia | Ordered | 10/16/16 13:35 | sh1 | sd5 | | |
| | Reviewed | 10/16/16 14:31 | Sean Denham | | | |
| Notes: | Order Method: | Order Method: Verbal - Read back | | | | |

Name: Aaliyah

Print Time 10/1-2019 10:06:37

MRN: 1116206 Account#: K32880478

Page 2 of 3

Physician Documentation Con't.

| | Sign off: Denha | m, Sean 10/16/16 14:31 | | | | | |
|---|---------------------------------------|------------------------|--------|-------------|--|--|--|
| Interpretation: Normal. | | | | | | | |
| COLLECTED BY NURSE? (Y/N) (OELBCBN): No | | | | | | | |
| Ordering Location: ERSPC100.1 | | | | | | | |
| Quantity 1: 1 | | | | | | | |
| Order | Status | Time | Ву | For | | | |
| COLLECT SWAB | Ordered | 10/16/16 13:35 | sh1 | sd5 | | | |
| | Completed | 10/16/16 13:41 | Sue Ho | vingh | | | |
| Notes: | Order Method: Verbal - Read back | | | | | | |
| | Sign off: Denham, Sean 10/16/16 14:31 | | | | | | |
| Order | Status | Time | Ву | For | | | |
| Chest 2 View *routine* | Ordered | 10/16/16 14:32 | sd5 | sd5 | | | |
| | Reviewed | 10/16/16 15:12 | Sean D | enham | | | |
| Notes: Bed Name: 11 | Order Method: | Electronic | | ļ | | | |
| | | | | | | | |
| Interpretation: Normal. | | | | | | | |
| ER EXAM ROOM/BED: (OERDERRMBD): 11 | | | | | | | |
| MODE OF TRANSPORTATION : (OERDTRANS): S | TRETCHER | | | | | | |
| O2: (OEADO2): No | | | | | | | |
| REASON FOR EXAM: (OERDEXAM): Cough | | | | | | | |

Order Signatures:

Denham, Sean, MD

MD sd5

Hovingh, Sue, RN

RN sh1

Disposition:

13:31 This chart was scribed by Rowe, Kristina, Scribe. in the presence of Sean Denham MD.

kr2

Disposition:

10/16/16 15:13 Discharged to Home/Self Care. Impression: Fever.

- · Condition is Stable.
- Discharge Instructions: Fever, Child (with Dosage Charts).
- Follow up: Private Physician; When: ASAP; Reason: Recheck today's complaints.
- · Problem is new.
- · Symptoms are unchanged.

Addendum:

10/29/2016 Electronically signed by: Sean C. Denham, MD. I personally performed the services described in this sd5 documentation as scribed in my presence, and it is both accurate and complete.

Signatures:

Print Time: 10/1/2019 10:06:37

Hovingh, Sue, RN RN sh1 Pabalan, Renaida, RN RN rbp
Denham, Sean, MD MD sd5 Rowe, Kristina, Scribe Scribe kr2

Name: Aaliyah Account#: K32880478

Page 3 of 3

Nurse's Notes

Name: Aaliyah

Age: 3 yrs Sex: Female DOB: 10/01/2013 Arrival Date: 10/16/2016 Time: 12:27

Bed 11

Willis Knighton South

MRN: 1116206 Account#: K32880478 Private MD: Scott, Allen

Presentation:

10/16 Method of Arrival: Ambulatory.

rbp

12:44 Preferred language for medical communication is English. Presenting complaint: Mother states: she started rbp wheezing yesterday ,dry coughing , tugging on both ears . fever of 100.3 F this morning. Person Transporting: Parent. Transition of care: patient was not received from another setting of care.

12:47 Acuity: 4 - Semi-Urgent.

rbp

Triage Assessment:

12:45 **General:** Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, appropriate for age, mobility; ambulates without assistance. **Pain:** Complains of pain in right ear and left ear Pain does not radiate, currently is 4 out of 10 on a pain scale, level that is acceptable is 0 out of 10 on a pain scale. Quality of pain is described as sore.

Historical:

• Allergies: No known drug Allergies;

· Home Meds:

1. Albuterol Inhl as needed

PMHx: AsthmaPSHx: None

Historical:

13:31 Family history: No immediate family members sh1 are acutely ill. Immunization history: Childhood immunizations up to date, Last flu immunization: up to date. Last tetanus immunization: up to date. Social history: The patient lives with mother The patient speaks fluent English, speaks appropriately for age, the patient is a minor.

13:31 The history from nurses notes was reviewed kr2 and confirmed.

Screening:

12:47 Abuse screen:

rbp

Denies threats or abuse.

Patient fall risk assessment;
risks identified; None.

Learning Barriers:

age barrier identified, caregiver ready and willing to learn.

Pedi Fall Risk
None Identified.

Exposure risk/Travel Screening:

None identified.

Assessment:

13:15 Pain: FACES pain scale score is 4 out of 10. General: Appears in no apparent distress, well developed, well nourished, well groomed, Behavior is cooperative, appropriate for age, pleasant, mobility; carried.

General: Neuro: Level of Consciousness is alert, awake, obeys commands. Oriented to person, place, time, Pupils are PERRLA. EENT: No deficits noted. EENT: Parent/caregiver reports the patient having mother reports she has fever yesterday she has been tugging at her ears she has a cough and she won't eat i know she doesn't feel well because she has just been laying around I gave her a breathing treatment before i came because she had some wheezing. Cardiovascular: Capillary refill < 3 seconds is brisk Heart tones S1 S2 present. Respiratory: Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Airway is patent Breath sounds are clear bilaterally, no wheezing auscultated lungs are clear. Gastrointestinal: Abdomen is flat, non- distended Bowel sounds present X 4 quads. Genitourinary: Parent/caregiver reports the patient having normal urinary habits. Dermatologic: Skin is intact, is healthy with good turgor, Skin is pink, warm & dry. black. Musculoskeletal: No deficits noted. Capillary refill < 3 seconds is brisk Circulation, motion, and sensation intact. Injury Description: denies injury.

13:49 Pain: level that is acceptable is 0 out of 10 on a pain scale.

sh1

sh1

Vital Signs:

| Time | B/P | Pulse | Resp | Temp | Pulse Ox | Weight | Height | Pain | Staff |
|------|-----|-------|------|------|----------|--------|--------|------|-------|
| | | | | | | | | | |

Nurse's Notes Con't

| 12:47 | 94 / 55 | 132 | 31 | 99.6(T) | 100% on R/A | 14.06 kg / 31 lbs 0 oz | 3 ft. 0 in. (91 cm) | 4/10 | rbp |
|-------|---------|-----|----------|---------|-------------|---------------------------|---------------------|------|-----|
| 12:48 | | | † | 98.7(A) | | | , | | rbp |
| 13:34 | | | | 98.8(R) | | | | | sh1 |
| 16:11 | | 112 | 24 | 99.2(A) | 100% on R/A | | | 0/10 | sh1 |

Vitals:

12:47 Acuity: 4 - Semi-Urgent. 13:15 Body Mass Index = 16.98. rbp sh1

Glasgow Coma Score:

| Time | Eye Response | Verbal Response | Motor Response | Modifying Factors | Total | Staff |
|-------|----------------|-----------------|-------------------|-------------------|-------|-------|
| 12:47 | spontaneous(4) | oriented(5) | obeys commands(6) | | 15 | rbp |

| ED Course: | |
|---|-----|
| 12:27 Patient arrived in ED. | ms2 |
| 12:27 Patient moved to KIOSK. | ms2 |
| 12:43 Scott, Allen is Private Physician. | rbp |
| 12:43 Triage completed. | rbp |
| 12:47 Patient placed in waiting room. | rbp |
| 12:48 Patient moved to Waiting. | rbp |
| 13. 15 Novingh, Sue, 114 is Filliary Nuise. | sh1 |
| 13:15 Patient moved to 11. | sh1 |
| 15. 15 No apparent distress. Resting quiety. Awaiting Eb physician standard. | sh1 |
| 13:15 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient. | sh1 |
| 13:18 Denham, Sean, MD is Attending Physician. | sd5 |
| 13:41 Strep culture sent to lab. | sh1 |
| 13:45 No apparent distress. Resting quietly. Appears to be sleeping. | sh1 |
| 14:15 No apparent distress. Resting quietly. Appears to be sleeping. | sh1 |
| 14.42 Patient moved to Nadiology. | dd |
| 14.42 Patient moved to 11. | dd |
| 14.42 Chest 2 view Toutine Sent. | dd |
| 14.45 No apparent distress. Itesting quietly. Appears to be sleeping. | sh1 |
| 15.15 No apparent distress. Itesting quietly. Appears to be sleeping. | sh1 |
| 15.45 No apparent distress. Itesting quiety. Staing up in bed eating some stackers. | sh1 |
| 16:13 No procedures done that require assistance. | sh1 |

Administered Medications:

No medications were administered

Outcome:

15:13 Discharge ordered by MD.

16:11
Discharged to home, carried, with family. Discharge instructions given to Mother Grandmother Instructed on

Name: Aaliyah

Print Time: 10/1/2019 10 19:52

MRN: 1116206 Account#: K32880478

Page 2 of 3

Nurse's Notes Con't

discharge instructions, follow up and referral plans, medication usage, fever management, mother reports pt already has an appt already scheduled at LSU for Monday 10-17-16 Demonstrated understanding of instructions, medications, fever management Prescriptions given; None. No questions or concerns expressed to me at discharge. Work excuse given for 0day(s). School excuse given for 0day(s). Medication reconcilliation form provided. Med Effects: Effects of administered medications were addressed. Oxygen use: Oxygen use not applicable.

16:14 Electronic medical record closed.

sh1

Signatures:

| Hovingh, Sue, RN | RN | sh1 | Conlay, Dorothy, RT | RT | dd |
|----------------------|----|-----|------------------------|--------|-------|
| Pabalan, Renaida, RN | RN | rbp | Scriptuser, MEDHOST | | ms2 |
| Denham, Sean. MD | MD | sd5 | Rowe, Kristina, Scribe | Scribe | e kr2 |

Name: Aaliyah Account#: K32880478

Print Time 10/1.2019 to 19/52 Page 3 of 3

EPI: 000000001116206

XR REPORT

REG ER

WILLIS-KNIGHTON SOUTH

Account: K32880478
Patient: L

Order Dr: Denham, Sean C M.D. DOB: 10/01/13

Final Report

Admitting Diagnosis: COUGH-FEVER

Reason For Exam: Cough Interpretive Location: ALBA Procedure Date: 10/16/2016 Accession Number: 3370358

Procedure: SXR - XR, chest 2 view CPT Code: 71020

IMPRESSION: No Acute Cardiopulmonary Disease.

RESULT: PA AND LATERAL CHEST

Clinical Information: Cough

Comparison: 8/18/2016

Findings: Heart size and contour are within normal limits. The lungs are clear of infiltrate, mass lesion, or effusion. No significant skeletal abnormality is seen.

Electronically Signed by: JOSE MIGUEL ALBA M.D. on Oct 16 2016 2:52P

RUN DATE: 10 /16
RUN TIME: 1251

lis Knighton th *ADMISSION INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

RUN USER: MORANC.AM

Name: L Rm/Bd: Serv/Le

Serv/Locn: ERS

DOB: 10/01/13 Status: ER Age: 3Y 00M Sex: F

Unit#: K000629604

Account#: K32880478

EPI#: 000000001116206

| | Acknowledgement: |
|--|------------------|
| Interdisciplinary Assessment (Free Text), historical data: | |
| Allergyl-Med/Contact: NKDA | 05/14/16 - 0436 |
| Allergy2-Med/Contact: NKDA | 05/14/16 - 0436 |

Food Allergies-Intol: NKFA

05/14/16 - 0436

Last Modate/

Latex Allergy (Y/N):

05/14/16 - 0436

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

05/16/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

10/01/13 3Y 00M Easterling, David R K32880478

10/16/16



Willis Knighton South

2510 Bert Kouns Industrial Loop Shreveport, LA 71118 318-212-5500

Discharge Instructions for:

Arrival Date:

Care Complete Time:

10/46/46 12:27

10/16/16 12:27 10/16/16 15:13

10/01/13 3Y 00M Easterling, David R K32880478

10/16/16

Thank you for choosing **Willis Knighton South** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by:

Denham, Sean, MD

Diagnosis:

Fever

| DISCHARGE INSTRUCTIONS | FORMS | | | |
|--|---------------|--|--|--|
| None | None | | | |
| FOLLOW UP INSTRUCTIONS | PRESCRIPTIONS | | | |
| Private Physician When: ASAP; Reason: Recheck today's complaints | None | | | |
| SPECIAL NOTES | | | | |
| None | | | | |

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

Aaliyan Henderson

MRN # K000629604

ED Physician or Nurse

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

112 24 100b 112 99.2ax



Private Physician When: ASAP

Reason: Recheck today's complaints

TESTS AND PROCEDURES

Labs

Strep A Screen Rapid Oia

Rad

Chest 2 View *routine*

Procedures

None

Other

COLLECT SWAB

HI I WALANITA WALANIA WA

10/01/13 3Y 00M Easterling, David R K32880478

10/16/16











ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party hilling agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any
- 3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKIIS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 10/16/16 Admission Time: 1227

AM3349_1 Page 1 of 2





10/01/13 Easterling, David R M.D. K32880478 10/16/16











ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection. Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one—third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense. I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

| According | Authorized Party | Authorized Party | Date/Time | Witness | Date/Time | Date

Admission Date. 10/16/16
Admission Time: 1227
AM3349_2
Revised 10/01/2013
Committee Approved 12/13/2013
Page 2 of 2





10/01/13 3Y F Easterling, David R M.D. K32880478 10/16/16











WILLIS-KNIGHTON MEDICAL CENTER SHREVEPORT, LA EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME:

ACCT. NO: K32778599

GUARANTOR: ALEXANDER, JENNIFER

ADDRESS: 2247 LEGARDY STREET

SHREVEPORT, LA 71107

PHONE:

(318)210-3821

NEXT OF KIN: ALEXANDER JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT,LA 71107

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD

ADDRESS:

PHONE:

ARRIVED FROM: C

ATTENDING PHYS: Easterling, David R M.D.

ADMIT/OTHER PHYS:

PRIM CARE PHYS: UNKNOWN

NAME

POLICY #

BENEFIT PLAN

PRIMARY INS: LA HLTHCARE CONN LA ME

1997286459512

SECONDARY INS: TERTIARY INS:

FOURTH INS:

ACCT NO: K32778599

ROOM:

STATUS: REGER

PATIENT:

ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

(318)210-3821 PHONE:

COUNTY: CADDO PARISH

EMPLOYER: JOHNSON'S CARE

ADDRESS: 4038 MARRON PLACE

SHREVEPORT, LA 71109

(318)631-7714

GROUP #

MEDICAID

UNIT#: K000629604

DATE: 1125 TIME:

SERV/LOC: ERS

09/18/16

F/C: MA

SS#: 338-89-3614

BTRTHDATE: 10/01/13

AGE: SEX:

BLACK OR AFRICAN A RACE

RELIGION: NO RELIGION

MARITAL STATE SINGLE

PERSON TO NOTIFY: ALEXANDER, JENNIFER

ADDRESS: 2247 LEGARDY STREET

SHREVEPORT, LA 71107

PHONE: (318)210-3821

RELATION: M

Baby ID#:

Is the Patient here for Pre-Op Testing:

Reason for Visit: COLD SYMPTOMS

Known Drug Allergies: NKDA

Interpreter ID Number:

Patient Survey: N Preferred Language:

HIPPA Notice Given: Y Date Notice Given: 09/23/14

Device Id: AMSPC5

Admit Clerk: HARTJ.AM

Ethnicity: NHILAT

Do you have an advaced directive that you would like to present to us today? N



Physician Documentation

Name: Aaliyah

Age: 2 yrs Sex: Female DOB: 10/01/2013 Arrival Date: 09 18/2016 Time: 11:25

Bed 3

Willis Knighton South

MRN: 1116206 Account#: K32778599

Private MD: LSU Ochsner, KidMed clinic: Lsu. Neonatal high risk clinic

HPI:

09/18 This 2 years old African Am/Black Female presents to ED via Ambulatory with complaints of <u>Cold</u> 12:25 **Symptoms**.

hjd

12:25 The patient presents to the emergency department with congestion, with nasal discharge, that is clear, that is mild, cough, that is intermittent, described as mild, with no sputum, rhinorrhea. Onset: The symptoms/episode began/occurred 4 day(s) ago. Associated signs and symptoms: Pertinent positives: congestion, cough, nasal discharge, Pertinent negatives: constipation, diarrhea, fever, shortness of breath, vomiting, wheezing. Modifying factors: The patient symptoms are alleviated by nothing, the patient

symptoms are aggravated by nothing. Treatment prior to arrival: none. The patient has experienced a

previous episode.

Historical:

• Allergies: No known drug Allergies; No known drug Allergies;

· Home Meds:

1. Albuterol Inhl as needed

PMHx: AsthmaPSHx: NoneHistorical:

11:48 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations rbp up to date. Social history: The patient lives with parents The patient speaks fluent English, the patient is a minor.

12:25 History obtained from mother. The history from nurses notes was reviewed and confirmed.

hjd

ROS:

12:25 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned below. Eyes: Negative for injury, swelling, redness, and discharge. Neck: Negative for injury, swelling, stiffness or swollen lymph nodes. Cardiovascular: Negative for edema Abdomen/GI: Negative for vomiting, diarrhea, and constipation, hematochezia. hematemesis, melena, anorexia Back: negative for obvious deformity and decreased range of motion GU: Negative for injury, bleeding, discharge, and swelling. MS/Extremity: Negative for injury, deformity, swelling, or redness. Skin: Negative for injury, rash, discoloration, lesions. Neuro: Negative for weakness and seizure. Constitutional: Positive for coughing, Negative for fever, obvious distress, poor PO intake, shortness of breath, vomiting. ENT: Positive for nasal discharge, rhinorrhea, Negative for difficulty handling secretions, difficulty swallowing, hoarseness. Respiratory: Positive for cough, Negative for hemoptysis, shortness of breath, sputum production, wheezing.

Exam: 12:25

Print Time: 10/1, 2019 10:21 18

Head/Face: Normocephalic, atraumatic.

hid

Eyes: PERRL, EOMI, normal sclera, no evidence of conjuctivits. Lids/lashes normal.

ENT: TM's/canals clear, no erythema, dullness, nor bulging. Normal mucosa with no erythema, lesions, discharge. Nares patent. Mucous membranes moist/pink, no erythema, edema, nor exudates. Airway patent without evidence of obstruction. No erythema, exudate, or edema.

Neck: Supple. Trachea midline. Normal thyroid with no lymphadenopathy or masses. Normal ROM without pain. No vertebral point tenderness. No meningismus, no nucchal rigidity. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla.

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. No pulse deficits.

Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

Back: Normal inspection with no obvious deformity. No spinal or CVA tenderness. Normal ROM without

Physician Documentation Con't.

pain.

Skin: Warm, dry with normal turgor. Normal color with no rashes, pallor, or cellulitis.

MS/ Extremity: Pulses equal. No clubbing, cyanosis, or edema. NVI. FROM without pain.

Neuro: Awake, alert, and oriented. Makes good eye contact, age appropriate reflexes. Good muscle tone.

Moves all extremities. Sensory grossly intact. GCS 15. Speech and gait appropriate for age.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted, awake,

alert, well developed, well hydrated, well nourished, non-toxic, afebrile.

Vital Signs:

| Time | B/P | Pulse | Resp | Temp | Pulse Ox | Weight | Height | Pain | Staff |
|-------|-----|-------|------|----------|-------------|----------------------------------|-----------------------|------|-------|
| 11:29 | | 143 | 29 | 98.6(TE) | 100% on R/A | 13.66 kg / 30 lbs 2 oz (M) | 39 in. (99 cm) (M) | 0/10 | jh15 |
| 12:46 | | 1.3.1 | | | 98% on R/A | | | | sd4 |

11:29 FLACC (infant-toddler)

jh15

Glasgow Coma Score:

| Time | Eye Response | Verbal Response | Motor Response | Modifying Factors | Total | Staff |
|-------|----------------|------------------|----------------|-------------------|-------|-------|
| 11:29 | spontaneous(4) | coos, babbles(5) | spontaneous(6) | | 15 | jh15 |

MDM:

12:38 Patient medically screened.

rb rb

12:39

Differential diagnosis: bacterial infection, bronchitis, fever, pneumonia URI, viral Infection. I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

Data reviewed: vital signs, nurses notes, and as a result. I will discharge patient, Give prescription at discharge.

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

Disposition:

12:39 Electronically signed by: R. Brandhurst M.D. Disposition.

rb

Disposition:

09/18/16 12:40 Discharged to Home/Self Care. Impression: Upper Respiratory Infection (URI), Otitis Media.

- Condition is Stable.
- Discharge Instructions: Bronchitis, Ear Middle, Infection (Otitis Media), Child, Fever, Child (with Dosage Charts), Upper Respiratory Infection (URI), Child.
- Prescriptions for

Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution

- take 6.7 milliliter by ORAL route every 12 hours for 10 days; 140 milliliter.

Benadryl 12.5 mg/5 mL Oral Elixir

- take 5 milliliter by ORAL route every 6 hours (10 kg); 100 milliliter.
- Follow up: KidMed clinic LSU/Ochsner; When: 3 days: Reason: Recheck today's complaints, Or sooner if you get worse.
- Problem is new.

Print Lime, 10/1 2019 10:21:18

Page 2 of 3

Physician Documentation Con't.

• Symptoms have improved.

Signatures:

Brandhurst, Roy, MD MD rb Pabalan. Renaida, RN RN rbp David, Syndee, RN RN sd4 Dotting, Heather, Scribe Scribe hjd

Hall, Justin, RN RN jh15

Name: Aaliyah

Print Time: 10/1/2019 10:21:18

MRN: 1116206 Account#: K32778599

Page 3 of 3

Page 1208 of 1758

Nurse's Notes

Name: Aaliyah

Age: 2 yrs Sex: Female DOB: 10/01/2013

Arrival Date: 09 18/2016 Time: 11:25

Willis Knighton South

MRN: 1116206 Account#: K32778599

Private MD: LSU/Ochsner, KidMed clinic; Lsu, Neonatal high risk clinic

Bed 3

Presentation:

09/18 11:29 Method of Arrival: Ambulatory.

11:29 Preferred language for medical communication is English. Presenting complaint: Mother states: She has been coughing with congestion, runny nose and fever since thursday. Person Transporting: Parent. Transition of care: patient was not received from another setting of care.

11:32 Acuity: 4 - Semi-Urgent.

ih15

jh15

jh15

jh15

Triage Assessment:

11:29 General: Appears in no apparent distress, well developed, well nourished, well groomed, comfortable, Behavior is pleasant, playing, mobility, ambulates without assistance Reports fever for feeling ill for. Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs. Activity, Cry. Consolability scale score is 0 out of 10.

Historical:

 Allergies: No known drug Allergies; No known drug Allergies;

Home Meds:

1. Albuterol Inhl as needed

• PMHx: Asthma PSHx: None Historical:

11:48 Family history: No immediate family members rbp are acutely ill. Immunization history: Childhood immunizations up to date. Social history: The patient lives with parents The patient speaks fluent English, the patient is a minor.

12:25 History obtained from mother. The history from hjd nurses notes was reviewed and confirmed.

Screening:

11:29 Abuse screen:

jh15

there are no obvious signs of child abuse.

Patient fall risk assessment;

risks identified; is of toddler age, Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.

Learning Barriers:

age barrier identified, caregiver ready and willing to learn.

Pedi Fall Risk None Identified.

Exposure risk/Travel Screening: Has not been out of the country.

Assessment:

11:49 Pain: Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. General: Appears in no apparent distress, well developed, well nourished, Behavior is appropriate for age, mobility, ambulates without assistance. Neuro: Level of Consciousness is alert, awake. EENT: Parent/caregiver reports the patient having nasal congestion nasal discharge that is watery for 4 day(s). Respiratory: Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Breath sounds are clear bilaterally. Parent/caregiver reports the patient having cough that is that is wet sound. Dermatologic: Skin is intact, is healthy with good

12:47 Pain: level that is acceptable is 0 out of 10 on a pain scale.

sd4

Wital Sinner

| Time | Pulse | Resp | Temp | Pulse Ox | Weight | Height | Pain | Staff |
|-------|-----------|------|----------|-------------|----------------------------------|-----------------------|------|-------|
| 11:29 | .2 4 | 29 | 98.6(TE) | 100% on R/A | 13.66 kg / 30 lbs 2 oz (M) | 39 in. (99 cm) (M) | 0/10 | jh15 |
| 12:46 | 1. | | | 98% on R/A | | | | sd4 |

11:29 FLACC (infant-toddler)

ih15

Vitals:

11:29 Acuity: 4 - Semi-Urgent.

jh15

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 115 of എടിവഴെ #: 824

Nurse's Notes Con't

12:47 Body Mass Index = 13.94.

sd4

Glasgow Coma Score:

| Time | Eye Response | Verbal Response | Motor Response | Modifying Factors | Total | Staff |
|-------|----------------|------------------|----------------|-------------------|-------|-------|
| 11:29 | spontaneous(4) | coos, babbles(5) | spontaneous(6) | | 15 | jh15 |

ED Course:

| 11:25 Patient arrived in ED. | ms2 |
|---|------|
| 11:25 Patient moved to KIOSK. | ms2 |
| 11:28 LSU, KidMed clinic is Private Physician. | jh15 |
| 11:28 Lsu, Neonatal high risk clinic is Private Physician. | jh15 |
| 11:33 Triage completed. | jh15 |
| 11:34 Patient moved to Waiting. | jh15 |
| 11:43 Patient moved to 3. | rbp |
| 11:48 Pabalan, Renaida, RN is Primary Nurse. | rbp |
| 11:51 No apparent distress. ER nurse to see patient. | rbp |
| 11:51 Patient/caregiver encouraged to voice any concerns. Call light in reach. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient. | rbp |
| 11:56 Brandhurst, Roy, MD is Attending Physician. | rb |
| 12:40 LSU, KidMed clinic is Referral Physician. | rb |
| 12:47 No procedures done that require assistance. | sd4 |

Administered Medications:

No medications were administered

Outcome:

12:40 Discharge ordered by MD.

rt

12:46 Discharged to home, ambulatory, with family. Discharge instructions given to Mother Instructed on discharge sd4 instructions, follow up and referral plans, medication usage, fever management, Demonstrated understanding of instructions, medications, Prescriptions given; 2, No questions or concerns expressed to me at discharge. No belongings were removed by WK staff. **Medication reconcilliation form provided.**Med Effects: Effects of administered medications were addressed. Oxygen use: Oxygen use not applicable.

12:47 Electronic medical record closed.

sd4

Signatures:

| Brandhurst, Roy, MD | MD | rb | Pabalan, Renaida. R N | RN | rbp |
|--------------------------|--------|-------|------------------------------|----|------|
| Scriptuser, MEDHOST | | ms2 | David, Syndee, RN | RN | sd4 |
| Dotting, Heather, Scribe | Scribe | e hjd | Hall, Justin. RN | RN | jh15 |

Print Time: 10/1/2019 10 21;36 Page 2 of 2

RUN DATE: 0 16 RUN TIME: 1136 RUN USER: HARTJ.AM

Unit#: K000629604

Ilis Knighton th *ADMISSION
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT



PAGE 1

Name: Serv/Loc

Serv/Locn: ERS Account#: K32778599 DOB: 10/01/13 Age: 2Y 11M Status: ER Sex: F EPI#: 000000001116206

| Interdisciplinary Assessment (Free Text), historical data: | Last Update/ Acknowledgement: |
|--|----------------------------------|
| Allergyl-Med/Contact: NKDA | 05/14/16 - 0436 |
| Allergy2-Med/Contact: NKDA | 05/14/16 - 0436 |
| Food Allergies-Intol: NKFA | 05/14/16 - 0436 |
| Latex Allergy (Y/N): | 05/14/16 - 0436 |

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

05/16/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

10/01/13 2Y 1IM Easterling, David R K32778599

309/18/16

Willis Knighton South and Center for Women Is Health

Willis Knighton South

2510 Bert Kouns Industrial Loop Shreveport, LA 71118 318-212-5500

Discharge Instructions for:

Arrival Date: Care Complete Time: 09/18/16 11:25 09/18/16 12:40 10/01/13 2Y 11M

10/01/13 2Y 11M Easterling, David R K32778599

09/18/16

Thank you for choosing **Willis Knighton South** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by:

Brandhurst, Roy, MD

Diagnosis:

Upper Respiratory Infection (URI); Otitis Media

| DISCHARGE INSTRUCTIONS | FORMS |
|--|---|
| Bronchitis Ear - Middle, Infection (Otitis Media), Child Fever, Child (with Dosage Charts) Upper Respiratory Infection (URI), Child | None |
| FOLLOW UP INSTRUCTIONS | PRESCRIPTIONS |
| LSU, KidMed clinic (LSU Clinic) When: 3 days; Reason: Recheck today's complaints, Or sooner if you get worse | Amoxicillin Benadryl |
| SPECIAL NOTES | |
| Fever control, increase fluids, meds as prescribe | d, follow up PCP and ER if any problem. |

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

Qu-l

Aaliyah Henderson MRN # K000629604 **ED Physician or Nurse**

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy



LSU, KidMed clinic (LSU Clinic)

318-675-8607 When: 3 days

Reason: Recheck today's complaints, Or sooner if you get worse

PRESCRIPTIONS

Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution
Take 6.7 milliliter by ORAL route every 12 hours for 10 days; 140 milliliter

Benadryl 12.5 mg/5 mL Oral Elixir Take 5 milliliter by ORAL route every 6 hours (10 kg); 100 milliliter



10/01/13 2Y 11M Easterling, David R K32778599

09/18/16

TESTS AND PROCEDURES

Labs

None

Rad

None

Procedures

None

Other

None











- ASSIGNMENT OF BENEFITS

 1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.
- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any
- 3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage. WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indehtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 09/18/16 Admission Time: 1125

AM3349_1 Page 1 of 2



10/01/13 Easterling, David R M.D. K32778599 09/18/16











ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one—third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am

I patient/Guarantor is unable to sign. I.

Signature of Authorized Party

Authorized Party

Authorized Party

Authorized Party

Authorized Party

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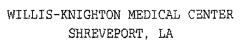
Authorized

Admission Date: 09/18/16
Admission Time: 1125
AM3349 2

Revised 10/01/2013 Committee Approved 12/13/2013 Page 2 of 2 AM0005



10/01/13 2Y F Easterling, David R M.D. K32778599 09/18/16



EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME:

GUARANTOR: ALEXANDERJENNIFER

ADDRESS: 2247 LEGARDY STREET

SHREVEPORT, LA 71107

PHONE:

(318)210--3821

ACCT: NO: K32670325

NEXT OF KIN: ALEXANDER JENNIFER APDRESS: 2247 LEGARDY STREET

SHREVEPORT, LA 71107

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD

ADDRESS:

PHONE:

ARRIVED FROM: C

ATTENDING PHYS: Haynes, Andrew T.M.D.

ADMIT/OTHER PHYS:

PRIM CARE PHYS: UNKNOWN

NAME

POLICY #

GROUP #

BENEFIT PLAN

PRIMARY INS: LA HLTHCARE CONN LA ME

1997286459512

MEDICAID

SECONDARY INS: TERTIARY INS:

FCURTH INS:

ACCT NO: K32670325

RCOM:

STATUS: REGER

DATE:

08/18/16

UNIT#: K000629604

1615 TIME: SERVITOC: ERS

F/C: MA

SS#: 338-89-3614

BIRGHDATE: 10/01/13 PATIENT:

ADDRESS: 2247 LEGARDY STITEET

SHREVFPORT.LA 71107

(318)210-3821 PHONE:

COUNTY: CADDO PARISH

SEX:

2Y

AGE:

BLACK OR AFRICAN A RACE

RMINISION: NO RELIGION MARTTA; STATE SINGLE

EMPLOYER: JOHNSON'S CARE

4038 MARRON PLACE ADDRESS: SHREVEPORT.LA 71109

(318)631-7714

PERSON TO NOTIFY: ALEXANDER JENNIFER

ADDRESS: 2247 LEGARDY STREET

SHREVEPORT, LA 71107

PHONE: (318)210-3821

RELATION: M

Is the Patient here for Prc-Op Testing:

Comments:

HIPPA Notice Given: Y

Date Notice Given: 09/23/14

Admit Clerk: MONETT.AM

Baby ID#: Reason for Visit: COLD SYMPTOMS

Known Drug Allergies: NKDA

Patient Survey: N Preferred Language:

Device Id: AMSPC6 Ethnicity: NHILAT

Interpreter ID Number: Do you have an advaced directive that you would like to present to us today? N



Physician Documentation

Name: Aaliyah

Age: 2 yrs Sex: Female DOB: 10/01 2013 Arrival Date: 08/18/2016 Time: 16:15

Bed 2

Willis Knighton South

MRN: 1116206 Account#: K32670325

Private MD:

HPI:

08/18 This 2 years old African Am/Black Female presents to ED via Ambulatory with complaints of Cold

ld3

16:51 Symptoms.

16:51 The patient presents to the emergency department with rhinorrhea, pulling ears. Onset: The symptoms/episode began/occurred acutely, yesterday. Associated signs and symptoms: Pertinent positives: rhinorrhea, pulling ears, Pertinent negatives: congestion, constipation, cough, diarrhea, seizure, shortness of breath, vomiting, wheezing. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: none. The patient has not experienced similar symptoms in the past. The patient has not recently seen a physician.

Historical:

· Allergies: No known drug Allergies;

Home Meds:

1. Albuterol Inhl as needed

PMHx: AsthmaPSHx: NoneHistorical:

16:31 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations alt1 up to date.

16:51 History obtained from mother. The history from nurses notes was reviewed and confirmed.

ld3

ROS:

16:51 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned below. Constitutional: Negative for fever, chills, and weight loss, Eyes: Negative for injury, pain, redness, and discharge, Neck: Negative for injury, pain, and swelling, Cardiovascular: Negative for chest pain, palpitations, and edema, Respiratory: Negative for shortness of breath, cough, wheezing, and pleuritic chest pain, Abdomen/GI: Negative for abdominal pain. nausea. vomiting, diarrhea, and constipation, Back: Negative for injury and pain, GU: Negative for injury, bleeding, discharge, and swelling, MS/Extremity: Negative for injury and deformity, Skin: Negative for injury, rash, and discoloration. Neuro: Negative for headache, weakness, numbness, tingling, and seizure. ENT: Positive for pulling at ears, rhinorrhea, Negative for difficulty handling secretions, difficulty swallowing, hoarseness, nose bleed.

Exam: 16:51

Head/Face: Normocephalic, atraumatic.

ld3

Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema.

ENT: Nares patent. No nasal discharge, no septal abnormalities noted. Tympanic membranes are normal and external auditory canals are clear. No erythema, dullness, or bulging. Oropharynx with no redness, swelling, or masses, exudates, or evidence of obstruction, uvula midline. Mucous membranes moist/pink, no erythema, edema or exudate.

Neck: Supple. Trachea midline. No thyromegaly or masses palpated. Normal ROM without pain. No vertebral point tenderness. No Meningismus no nucchal rigidity. No cervical lymphadenopathy. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal chest wall appearance and motion. Nontender, no deformity. No lesions appreciated. No axillary lymphadenopathy.

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. Normal heart sounds, no gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.

Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

Physician Documentation Con't.

Abdomen/GI: Soft, non-tender, nondistended, no mass, no hepatosplenomegaly. No distention or tympany. No guarding or rebound. Bowel sounds present all quadrants. No hernia noted.

Back: Normal inspection with no obvious deformity. No spinal or CVA tenderness. Normal range of motion without pain.

Skin: Warm and dry with excellent turgor. Normal color with no rashes, pallor, or cellulitis.

MS/ Extremity: Pulses equal. No clubbing, cyanosis, or edema. Neurovascular intact. Full, normal range of motion without pain.

Neuro: Awake, alert, and oriented. GCS 15. Cranial nerves II-XII grossly intact. Good muscle tone. Sensory grossly intact. Normal speech and gait for age. Motor strength 5/5 in all extremities. Cerebellar exam normal.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted, awake, alert, well developed, well groomed, well hydrated, well nourished, non-toxic, afebrile.

Vital Signs:

| 0.9 | | | | | | | | ~ | 1 |
|-------|-----|-------|------|------|------------|-------------|------------|------|-------|
| Time | B/P | Pulse | Resp | Temp | Pulse Ox | Weight | Height | Pain | Staff |
| 16:18 | | 108 | 28 | 98.0 | 98% on R/A | 14.06 kg / | 34 in. (86 | 0/10 | jcm |
| | | | | | | 31 lbs 0 oz | cm) | | |

Glasgow Coma Score:

| Time | Eve Response | Verbal Response | Motor Response | Modifying Factors | Total | Staff |
|-------|----------------|-----------------|-------------------|-------------------|-------|-------|
| 16:18 | spontaneous(4) | oriented(5) | obeys commands(6) | | 15 | jcm |

MDM:

16:30 Patient medically screened.

sw2 ld3

16:51

Data reviewed: vital signs, nurses notes, and as a result. I will continue to observe the patient, initiate a consult, order radiologic study(s).

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, radiology results, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

16:56 Differential Diagnosis Bowel obstruction, cholecystitis, diverticulitis, gastritis, kidney stone, non-specific abd pain, pancreatitis, pyelonephritis, viral infection, bacterial infection, URI, bronchitis, pneumonia, UTI, gastroenteritis, meningitis. I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

Data interpreted: Pulse oximetry: normal.

Response to treatment: the patient's symptoms have markedly improved after treatment.

| Order | Status | Time | Ву | For |
|--|------------------------|----------------|--------|---------|
| Call X-Ray Tech | Ordered | 08/18/16 16:30 | sw2 | sw2 |
| , | Completed | 08/18/16 16:31 | Steven | Clinger |
| Notes: | Order Method: | Electronic | | |
| Order | Status | Time | Ву | For |
| Chest 2 View *routine* | Ordered | 08/18/16 16:30 | sw2 | sw2 |
| Chest 2 View *routine* | | | | |
| Chest 2 View *routine* | Returned | 08/18/16 16:40 | Steven | Clinger |
| Chest 2 View *routine* Notes: Bed Name: 2 | Returned Order Method: | | Steven | Clinger |

Name: Aaliyah

MRN: 1116206 Account#: K32670325

Page 2 of 3

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Physician Documentation Con't.

MODE OF TRANSPORTATION: (OERDTRANS): STRETCHER

O2: (OEADO2): No

REASON FOR EXAM: (OERDEXAM): Cold Symptoms

Order Signatures:

Willis, Fred, MD

MD sw2

Disposition:

16:51 This chart was scribed by Dawn, Lauren, Scribe. in the presence of Fred Willis MD.

ld3

16:56 Electronically signed by: FRED WILLIS JR MD. Disposition.

sw2

Disposition:

08/18/16 16:58 Discharged to Home/Self Care. Impression: Swallowed Foreign Body, Upper Respiratory Infection (URI).

- · Condition is Stable.
- Discharge Instructions: Upper Respiratory Infection (URI), Child.
- Prescriptions for

Zithromax 100 mg/5 ml Oral Suspension for Reconstitution

- take 6 milliliter by ORAL route one time for 1 day then take (5mg/kg/day) 3 milliliters by oral route days 2,3,4,5.; 18 milliliter.

J

- MAX 5-200 mg/5 mL Oral Syrup take 1 teaspoonful by ORAL route every 4 hours; 2 ounces.
- Follow up: Dr. Sharon Tran; When: Tomorrow.
- · Problem is new.
- Symptoms have improved.

Signatures:

| Clinger, Steven, RN | RN smc | Mathews, Janet, RN | RN jcm |
|---------------------|------------|--------------------|---------|
| Willis, Fred, MD | MD sw2 | Tomlinson, Amy, RN | RN alt1 |
| Davin Lauran Cariba | Saribo Id2 | | |

Dawn, Lauren, Scribe Scribe ld3

MRN: 1116206 Account#: K32670325

Page 3 of 3

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Nurse's Notes

Name: Aaliyah

Age: 2 yrs Sex: Female DOB: 10/01/2013 Arrival Date: 08/18/2016 Time: 16:15

Bed 2

Willis Knighton South

MRN: 1116206 Account#: K32670325

Private MD:

Presentation:

08/18 Method of Arrival: Ambulatory.

jcm

16:18 Preferred language for medical communication is English. Presenting complaint: Mother states: Runny nose jcm and she has been running a fever and tugging at her ear since yesterday. Person Transporting: Parent.

Transition of care: patient was not received from another setting of care.

16:25 Acuity: 4 - Semi-Urgent.

jcm

Triage Assessment:

16:18 **General:** Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, jcm appropriate for age, quiet, mobility; ambulates without assistance Reports fever for 12-24 hours. **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs. Activity, Cry. Consolability scale score is 0 out of 10

Historical:

Allergies: No known drug Allergies;

· Home Meds:

1. Albuterol Inhl as needed

PMHx: AsthmaPSHx: NoneHistorical:

16:31 Family history: No immediate family members alt1 are acutely ill. Immunization history: Childhood immunizations up to date.

16:51 History obtained from mother. The history from nurses notes was reviewed and confirmed.

Screening:

16:18 Abuse screen:

icm

there are no obvious signs of child abuse.

Patient fall risk assessment;

risks identified; is of toddler age, Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.

Learning Barriers:

age barrier identified, caregiver ready and willing to learn.

Pedi Fall Risk None Identified

Exposure risk/Travel Screening:

None identified.

Assessment:

16:33 Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. General: Appears in no apparent distress, well developed, well nourished, well groomed, Behavior is pleasant, restless, playing, extremely active, withdraws from touch. Neuro: Level of Consciousness is alert, awake. EENT: Parent/caregiver reports the patient having nasal congestion nasal discharge that is watery tugging at right ear since yesterday. Respiratory: Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Parent/caregiver reports the patient having cough that is dry. Dermatologic: Skin is intact, is healthy with good turgor, Skin is normal. Musculoskeletal: No deficits noted.

Vital Signs:

| A LEGIL | ngno. | | | | | | | | |
|---------|-------|-------|------|------|------------|-------------|------------|------|-------|
| Time | B/P | Pulse | Resp | Temp | Pulse Ox | Weight | Height | Pain | Staff |
| 16:18 | | 108 | 28 | 98.0 | 98% on R/A | 14.06 kg / | 34 in. (86 | 0/10 | jcm |
| | | | | | | 31 lbs 0 oz | cm) | | |

Vitals:

16:18 Acuity: 4 - Semi-Urgent.

17:10 Body Mass Index = 19.01.

jcm

alt1

Glasgow Coma Score:

Nurse's Notes Con't

| Time | Eye Response | Verbal Response | Motor Response | Modifying Factors | Total | Staff |
|-------------|---------------------------|--|--|---|-------------------|-------|
| 16:18 | spontaneous(4) | oriented(5) | obeys commands(6) | | 15 | jcm |
| FD O | | | | | | |
| ED Co | | | | | | ms2 |
| | Patient arrived in ED. | | | | | ms2 |
| | Patient moved to KIOSI | Κ. | | | | |
| 16:26 | Triage completed. | | | | | jcm |
| 16:26 | Patient moved to Waitir | ng. | | | | jcm |
| 16:29 | Tomlinson, Amy, RN is | Primary Nurse. | | | | alt1 |
| 16:29 | Patient moved to 2. | | | | | alt1 |
| 16:30 | Willis, Fred, MD is Atter | nding Physician. | | | | sw2 |
| 16:32 | Patient/caregiver encou | raged to voice any cond for assist when getting | cerns. Side rails up X 1. E up. verbalized understand | led in low position. Call li ding. Patient has correct | ght in armband | alt1 |
| | Patient moved to Radio | | | | | smc |
| 16:40 | Patient moved to 2. | | | | | smc |
| 16:40 | Chest 2 View *routine* | Sent. | | | | smc |
| 16:57 | Tran, Sharon, MD is Re | eferral Physician. | | | | sw2 |
| 17:10 | No procedures done th | at require assistance. | | | | alt1 |
| Admin | istered Medications: | | | | | |

Outcome:

16:58 Discharge ordered by MD.

No medications were administered

sw2

17:10 Discharged to home, ambulatory, with family. Discharge instructions given to family, Instructed on discharge alt1 instructions, follow up and referral plans, medication usage. Demonstrated understanding of instructions, medications, Prescriptions given; 2, No questions or concerns expressed to me at discharge. No belongings were removed by WK staff. **Medication reconcilliation form provided. Med Effects:** Patient recieved no medications during this visit. **Oxygen use:** Oxygen use not applicable.

17:11 Electronic medical record closed.

alt1

Signatures:

| Clinger, Steven, RN | RN | smc | Mathews, Janet, RN | RN jcm |
|---------------------|----|------|----------------------|------------|
| Willis, Fred, MD | MD | sw2 | Scriptuser, MEDHOST | ms2 |
| Tomlinson, Amy, RN | RN | alt1 | Dawn, Lauren. Scribe | Scribe Id3 |

Name: Aaliyah MRN: 1116206 Account#: K32670325

Print Time: 10/1/2019 10:24:38 Page 2 of 2

WILLIS-KNIGHTON SOUTH

Account: K32670325
Patient:

Order Dr: Willis Jr, Fred Spence M.D.

EPI: 000000001116206

XR REPORT

DOB: 10/01/13

Final Report

Admitting Diagnosis: COLD SYMPTOMS

Reason For Exam: Cold Symptoms Interpretive Location: Procedure Date: 08/18/2016 Accession Number: 3299363 Procedure: SXR - XR, chest 2 view CPT Code: 71020

IMPRESSION: No acute findings in the chest

2. Rounded metallic density in the left mid abdomen resembling a coin.

RESULT: PA AND LATERAL CHEST

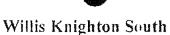
Clinical Information: Cold Symptoms

Comparison: 6416

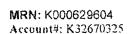
Findings: Lungs are clear heart and pulmonary vasculature are normal. Metal density resembling a coin is seen in the left mid abdomen. Did the patient have any history of ingestion of foreign bodies?

Electronically Signed by: ANDREW J MARSALA M.D. on Aug 18 2016 5:00P





Name: Aahyah Henderson Age: 2 years Sex: Female DOB: 10/01/2013 Arrival Date: 08/18/2016 Arrival Time: 16:15



EMERGENCY DEPARTMENT HOME MEDICATION RECONCILIATION

Allergies: No known drug Allergies

| | Home Medication | Route | Dose | Frequency | Last Dose |
|---|-----------------|-------|------|-----------|-----------|
| 1 | Albuterol | Inhl | , | as needed | |

Administered Medications:

No medications were administered

Prescriptions:

| | Prescription | Custom Text |
|---|---|-------------|
| | Zithromax 100 mg/5 ml Oral Suspension for Reconstitution - take 3 milliliter by ORAL route one time for 1 day then take (5mg/kg/day) 3 milliliters by oral route days 2,3,4,5.; 18 milliliter | |
| 2 | J-MAX 5-200 mg/5 mL Oral Syrup - take 1 teaspoonful by ORAL Dute every 4 hours; 2 ounces | |

10/01/13 2Y 10M

10/01/13 2Y 10M Haynes, Andrew T M. K32670325

08/18/16

DISCHARGI INSTRUCTIONS
Change Hope Made as Follows

Change Home Meds as Follows

BI WRITTEN ON HOSPITAL ORDER SHEET. THIS DOCUMENT IS NOT A PHASICIAN ORDER SHEET

ALL ORDERED MEDICATIONS MUST

Page 1 of 1

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 129 of 331 PageID #: 838 Page 1223 of 1758

RUN DATE: 0 2/16 RUN TIME: 1627 11is Knighton ath *ADMISSION
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

RUN USER: MONETT.AM

Unit#: K000629604

Name: Serv/I

Serv/Locn: ERS

Account#: K32670325

DOB: 10/01/13

Age: 2Y 10M

Status: ER

Sex: F

EPI#: 000000001116206

| Interdisciplinary Assessment (Free Text), historical data: | Last Update/ Acknowledgement: |
|--|----------------------------------|
| Allergyl-Med/Contact: NKDA | 05/14/16 - 0436 |
| Allergy2-Med/Contact: NKDA | 05/14/16 - 0436 |
| Food Allergies-Intol: NKFA | 05/14/16 - 0436 |
| Latex Allergy (Y/N): | 05/14/16 - 0436 |

Pharmacy Allergy List (Coded Allergies), historical data:

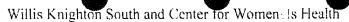
05/16/16

(Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

HENDERSON, 2Y 10M 10/01/13 Haynes, Andrew T M. 08/18/16 K32670325



Willis Knighton South

2510 Bert Kouns Industrial Loop Shreveport, LA 71118 318-212-5500

Discharge Instructions for:

Arrival Date:

Care Complete Time:

08/18/16 16:15

08/18/16 16:58

Thank you for choosing Willis Knighton South for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by:

Willis, Fred, MD

Diagnosis:

Swallowed Foreign Body: Upper Respiratory Infection (URI)

| DISCHARGE INSTRUCTIONS | FORMS |
|---|--------------------|
| Upper Respiratory Infection (URI), Child | None |
| FOLLOW UP INSTRUCTIONS | PRESCRIPTIONS |
| Tran, Sharon (Pediatrics) When: Tomorrow | Zithromax J-MAX |
| SPECIAL NOTES | |
| None | |

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if

MRN # K000629604

ED Physician or Nurse

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

10/01/13 2Y 10M Haynes, Andrew T M. K32670325

08/18/16







Tran, Sharon, MD (Pediatrics) 318-212-5990

When: Tomorrow

PRESCRIPTIONS

Zithromax 100 mg/5 ml Oral Suspension for Reconstitution
Take 6 milliliter by ORAL route one time for 1 day then take (5mg/kg/day) 3 milliliters by oral route days 2,3,4,5,; 18 milliliter

J-MAX 5-200 mg/5 mL Oral Syrup
Take 1 teaspoonful by ORAL route every 4 hours; 2 ounces

TESTS AND PROCEDURES

Labs

None

Rad

Chest 2 View *routine*

Procedures

None

Other

Call X-Ray Tech

10/01/13 2Y 10M Haynes, Andrew T M. K32670325

08/18/16











- ASSIGNMENT OF BENEFITS

 1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations. laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.
- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any
- 3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefits: 1, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness. WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 08/18/16 Admission Time 1615



Haynes, Andrew T M.D. K32670325 08/18/16

AM3349_1 Page 1 of 2













ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense. I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and

| acknowledge that all references to | myself as the patient shall be | deemed to apply as | if rewritten in their | entirety to a dependent | for whom I am |
|--|---|---------------------------|-----------------------------------|-------------------------|------------------|
| responsible for and/or who is unabl | e to consent on their behalf for | reasons indicated b | relow | | $ \wedge $ |
| I acknowledge that I have been in | | | | DAM | 111 |
| 1 Dend Ald | - 8/18 Maei | all | \$ 18 | XI WI | h <u>3[</u> 16], |
| Signaphre of Patient/Guardian | Delicating of the Congression | анкот | J. HIK I | MYCHELLA | Date/Time |
| Frail Name | Print 3 | Name | | Print Name | AM. |
| If Patient/Guarantor is mable to sign, L | | , do hereby state that | I have been given the authorities | ority to sign for | • |
| | either expressed : | or implied and that he or | she is fully aware of this a | authority | |
| Signature of Authorized Party | Authorized Party's Relationship to the Patient | Date Time | Witness | Date/Time | |

Admission Date: 08/18/16 Admission Time: 1615 AM3349_2 Revised 10/01/2013 Committee Approved 12/13/2013 Page 2 of 2





10/01/13 Haynes, Andrew T M.D. K32670325 08/18/16









WILLIS-KNIGHTON MEDICAL CENTER SHREVEPORT, LA EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME: (

ACCT, NO: K32553133

GUARANTOR: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

NEXT OF KIN: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

PHONE:

(318)210-3821

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD

ADDRESS:

ARRIVED FROM: C

ATTENDING PHYS: Easterling, David R M.D.

PHONE:

ADMIT/OTHER PHYS:

PRIM CARE PHYS: UNKNOWN

NAME

POLICY #

GROUP #

BENEFIT PLAN

PRIMARY INS: LA HLTHCARE CONN LA ME

1997286459512

MEDICAID

SECONDARY INS: TERTIARY INS: FOURTH INS:

ACCT NO: K32553133

ROOM:

PHONE:

STATUS: REGER

07/16/16 DATE: TIME: 1931

UNIT#: K000629604

SS#: 338-89-3614

F/C: MA

PATIENT:

ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

(318)210-3821

BIRTHDATE: 10/01/13 AGE: 2Y

SXX:

SERV/LOC: ERS

BLACK OR AFRICAN A

RACE RELIGION: NO RELIGION MARITAL STAT: SINGLE

COUNTY: CADDO PARISH

EMPLOYER: JOHNSON'S CARE

ADDRESS: 4038 MARRON PLACE SHREVEPORT,LA 71109 (318)631-7714

PERSON TO NOTIFY: ALEXANDER, JENNIFER

ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

PHONE: (318)210-3821

RELATION: M

Is the Patient here for Pre-Op Testing:

Comments: Reason for Visit: COLD SYMPTOMS

Baby ID#:

Known Drug Allergies: NKDA HIPPA Notice Given: Y Interpreter ID Number:

A Notice Given: Y Date Notice Given: 09/23/14
Patient Survey: U Preferred Language:

Device Id: AMSPC6 Ethnicity: NHILAT

Admit Clerk: SAFFED2.A

Do you have an advaced directive that you would like to present to us today? U



Physician Documentation

Name: Aaliyah

Age: 2 yrs **Sex:** Female **DOB:** 10.01/2013 **Arrival Date:** 07/16:2016 **Time:** 19:31

Bed 6

Willis Knighton South

MRN: 1116206 Account#: K32553133 Private MD: none, none

HPI:

07/16 This 2 years old African Am/Black Female presents to ED via Ambulatory with complaints of Cold

et3

20:15 Symptoms.

20:15 The patient presents to the emergency department with congestion, with nasal discharge, that is moderate, etc. diarrhea, that is continuous, earache, pt mother reports pulling ears, fever, that is subjective, with an emergency department temperature of 99 degrees Fahrenheit. Onset: The symptoms/episode began/occurred today. Associated signs and symptoms: Pertinent positives: congestion, cough, diarrhea, earache, fever, nasal discharge, Pertinent negatives: constipation, headache, seizure, shortness of breath, sore throat, vomiting, wheezing. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: none. The patient has not experienced similar symptoms in the past. The patient has not recently seen a physician.

Historical:

- · Allergies: No known drug Allergies;
- Home Meds:
 Albuterol Inhi
- PMHx: Asthma
 PSHx: None

Historical:

19:51 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations sc7 up to date. Social history: The patient lives with family the patient is a minor.

20:15 History obtained from mother. The history from nurses notes was reviewed and confirmed.

et3

ROS:

20:15 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned below. Eyes: Negative for injury, pain, swelling, redness, and discharge. Neck: Negative for injury, pain, stiffness, swelling Cardiovascular: Negative for edema Respiratory: Negative for shortness of breath, cough, wheezing, and pleuritic chest pain, Back: Negative for injury, deformity, decreased range of motion, and pain, GU: Negative for injury, bleeding, discharge, and swelling, MS/Extremity: Negative for injury, pain, swelling, decreased range of motion Skin: Negative for injury, rash, lesions, and discoloration, Neuro: Negative for altered mental status, weakness, and seizure, Psych: negative for acute changes. Constitutional: Positive for coughing, fever, acute pain, Negative for chills, obvious distress, poor PO intake, shortness of breath, vomiting. ENT: Positive for nasal discharge, pulling at ears, rhinorrhea, sinus congestion, Negative for difficulty handling secretions, difficulty swallowing, hoarseness, sore throat, tinnitus. Abdomen/GI: Positive for diarrhea, Negative for nausea, vomiting, constipation, abdominal cramps, anorexia, hematemesis, black/tarry stool, rectal pain, rectal bleeding, bowel incontinence, flatulence.

Exam: 20:15

Head/Face: Normocephalic, atraumatic.

et3

Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema.

Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness. Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.

Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

Physician Documentation Con't.

Abdomen/GI: Soft, non-tender with normal bowel sounds. Non-distended, no masses. No organomegaly. No guarding or rebound. No hernia noted

Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.

Skin: Warm and dry with excellent turgor, capillary refill <2 seconds. No cyanosis, pallor, rash or edema. MS/ Extremity: Pulses equal. no clubbing, cyanosis or edema. Neurovascular intact. Full range of motion

Neuro: Awake and alert, GCS 15, oriented to person, place, time, and situation. Cranial nerves II-XII grossly intact. Motor strength 5/5 in all extremities. Sensory grossly intact. Cerebellar exam normal. Normal gait and speech for age

Psych: Behavior, mood, response, and affect are appropriate for age.

Female GU: No CVA tenderness. No bladder tenderness or distension.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted, awake, alert, well developed, well hydrated, well nourished, non-diaphoretic, non-toxic, afebrile.

ENT: External ear(s): are unremarkable, no abrasion, no erythema, no puncture, no cellulitis, no swelling, no contusion, no pain with movement, Ear canal(s): are normal, clear, no bloody discharge, no cerumen impaction, no erythema, no purulent discharge, no swelling, TM's: bulging, is not appreciated, decreased mobility, is not appreciated, dullness, is not appreciated, erythema, that is moderate, on the left, fluid levels, is not appreciated, hemotympanum, is not appreciated, loss of bony landmarks, is not appreciated, rupture, is not appreciated, Examination of the other ear shows no obvious abnormality. Nose: is normal, no abrasion, no bleeding, no contusion, no drainage, no edema, no erythema, no laceration, no septal hematoma, no swelling, Mouth: is normal, no gum abnomalities, no lip abnormalities. no mucosal abnormalities, no tongue abnormalities, Posterior pharynx: is normal, airway is patent, no erythema, no exudate, no peritonsilar mass, no pooling of secretions, no swelling.

Vital Signs:

| Time | B/P | Pulse | Resp | Temp | Pulse Ox | Weight | Height | Pain | Staff |
|-------|-----|-------|------|----------|-------------|-------------|------------|------|-------|
| 19:33 | | 127 | 24 | 99.0(TE) | 100% on R/A | 12.42 kg / | 38 in. (97 | 0/10 | lt3 |
| | | | | | | 27 lbs 6 oz | cm) | | |

Glasgow Coma Score:

| Time | Eye Response | Verbal Response | Motor Response | Modifying Factors | Total | Staff |
|-------|----------------|-----------------|-------------------|-------------------|-------|-------|
| 19:33 | spontaneous(4) | oriented(5) | obeys commands(6) | | 15 | lt3 |

19:46 Patient medically screened.

raa et3

20:15

Data reviewed: vital signs, nurses notes, and as a result, I will continue to observe the patient. Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

20:27

raa

Differential diagnosis: bacterial infection, bronchitis, gastroenteritis, URI, viral Infection, otitis media. I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

Data interpreted: Pulse oximetry: normal.

ED course: MDM- ed eval consistent with benign otitis media with diarrhea. do not suspect mastoiditis, bowel obstruction, dehydration, nor electrolyte abnormality.

Disposition:

Name: Aaliyah

Print Time: 10/1/2019 11:41-58

MRN: 1116206 Account#: K32553133

Page 2 of 3

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 137 of 331 Page 123 Pag

Physician Documentation Con't.

20:15 This chart was scribed by Turner, Elaina, Scribe. in the presence of Richard Aycock II MD. 20:27 Electronically signed by: R Aycock MD.

et3

raa

Disposition:

07/16/16 20:29 Discharged to Home/Self Care. Impression: Otitis Media, Diarrhea.

- Condition is Stable.
- Discharge Instructions: Diarrhea. Home Care Instructions, Ear Middle. Infection (Otitis Media), Child, Fever, Child (with Dosage Charts).
- Prescriptions for
 - Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution
 - take 6 milliliter by ORAL route every 12 hours for 10 days; 120 milliliter.
- Follow up: Tots to Teens Clinic Willis-Knighton; When: 2 days; Reason: Recheck today's complaints, Or sooner if you get worse.
- · Problem is new.
- Symptoms have improved.

Signatures:

| Aycock II, Richard, MD | MD | raa | Trickett, Lauren, RN | RN | lt3 |
|------------------------|----|-----|------------------------|--------|-------|
| Courtney, STEVEN, RN | RN | sc7 | Turner, Elaina, Scribe | Scribe | e et3 |

MRN: 1116206 Account#: K32553133

Page 3 of 3

Name: Aaliyah

Nurse's Notes

Name: Aaliyah

Age: 2 yrs **Sex:** Female **DOB:** 10/01/2013 **Arrival Date:** 07/16/2016 **Time:** 19:31

Bed 6

Willis Knighton South

MRN: 1116206 Account#: K32553133 Private MD: none, none

Presentation:

07/16 Preferred language for medical communication is English. Presenting complaint: Mother states: "She has 19:33 been tugging at her ears and won't eat.". Presenting complaint: Mother states: Temp of 102 @ 1800 treated with Tylenol. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. Mechanism of Injury: denies injury. Care prior to arrival: Medications: Tylenol. @ 1800.

19:38 Acuity: 4 - Semi-Urgent.

19:39 Method of Arrival: Ambulatory.

lt3

lt3

Triage Assessment:

19:33 **General:** Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, appropriate for age, pleasant, mobility; ambulates without assistance. **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs. Activity, Cry. Consolability scale score is 0 out of 10.

Historical:

· Allergies: No known drug Allergies;

Home Meds:1. Albuterol InhlPMHx: Asthma

• PSHx: None

Historical:

19:51 Family history: No immediate family members sc7 are acutely ill. Immunization history: Childhood immunizations up to date. Social history: The patient lives with family the patient is a minor.

20:15 History obtained from mother. The history from et3 nurses notes was reviewed and confirmed.

Screening:

19:33 Abuse screen:

lt3

Denies threats or abuse. Denies injuries from another, there are no obvious signs of child abuse.

Patient fall risk assessment;

risks identified; None.

Learning Barriers:

No barriers to teaching and learning identified.

Pedi Fall Risk None Identified.

Exposure risk/Travel Screening:

None identified.

Assessment:

19:48 Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs. Activity, Cry, Consolability scale sc7 score is 0 out of 10. General: Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, appropriate for age, laughing, playing, smiling, Patient noted to be playing with toy, climbing on bed, mother having to constantly remind patient to "calm down", mobility: ambulates without assistance Reports fever for 0-12 hours. Neuro: Level of Consciousness is alert, awake, obeys commands, appropriate to pain. Oriented to person, place, time. EENT: Sclera/Cornea are clear in inner aspect of conjuctiva of right eye and inner aspect of conjunctiva of left eye Nares are clear bilaterally Oral mucosa is moist. Parent/caregiver reports the patient having nasal discharge that is watery for 2 day(s). Cardiovascular: Capillary refill < 3 seconds in bilateral fingers Heart tones S1 S2 present. Respiratory: Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Airway is patent. Gastrointestinal: Reports diarrhea, for 1 day(s) "Her boo boo been running today a little bit" Denies vomiting. Genitourinary: Parent/caregiver reports the patient having "She's had her normal amount of wet diapers, I've been giving her a lot of Powerade". Dermatologic: Skin is intact, is healthy with good turgor. Skin is dry, Skin is pink, warm & dry. Musculoskeletal: No deficits noted. Range of motion intact in all extremities. Circulation, motion, and sensation intact.

Vital Signs:

| Time | B/P | Pulse | Resp | Temp | Pulse Ox | Weight | Height | Pain | Staff |
|-------|-----|-------|------|----------|-------------|-------------|------------|------|-------|
| 19:33 | | 127 | 24 | 99.0(TE) | 100% on R/A | 12.42 kg / | 38 in. (97 | 0/10 | lt3 |
| | | | | | | 27 lbs 6 oz | cm) | | |

Vitals:

Nurse's Notes Con't

 19:33 Acuity: 4 - Semi-Urgent.
 It3

 20:41 Body Mass Index = 13.2.
 sc7

Glasgow Coma Score:

| Time | Eye Response | Verbal Response | Motor Response | Modifying Factors | Total | Staff |
|-------|----------------|-----------------|-------------------|-------------------|-------|-------|
| 19:33 | spontaneous(4) | oriented(5) | obeys commands(6) | | 15 | lt3 |

ED Course:

| 19:31 Patient arrived in ED. | ms2 |
|--|-----|
| 19:31 Patient moved to KIOSK. | ms2 |
| 19:39 none, none, MD is Private Physician. | lt3 |
| 19:39 Triage completed. | lt3 |
| 19:39 Patient moved to Waiting. | lt3 |
| 19:45 Courtney, STEVEN, RN is Primary Nurse. | sc7 |
| 19:45 Patient moved to 6. | sc7 |
| 19:46 Aycock II, Richard, MD is Attending Physician. | raa |
| 19:51 playing. ER nurse to see patient. | sc7 |
| 19:51 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient. | sc7 |
| 20:29 Willis-Knighton, Work Kare - Bossier is Referral Physician. | raa |
| 20:29 Referral Physician role handed off by Willis-Knighton, Work Kare - Bossier. | raa |
| 20:29 Willis-Knighton, Tots to Teens Clinic is Referral Physician. | raa |
| 20:41 No procedures done that require assistance. | sc7 |

Administered Medications:

No medications were administered

Outcome:

20:29 Discharge ordered by MD.

raa

20:41 Discharged to home, ambulatory, with family. Discharge instructions given to Mother Instructed on discharge sc7 instructions, follow up and referral plans, fever management, Demonstrated understanding of instructions, medications, Prescriptions given; 1. No questions or concerns expressed to me at discharge. Medication reconcilliation form provided. Med Effects: Patient recieved no medications during this visit. Oxygen use: Oxygen use not applicable.

20:42 Electronic medical record closed.

sc7

Signatures:

| Aycock II, Richard, MD | MD | raa | Scriptuser. MEDHOST | | ms2 |
|------------------------|--------|-------|----------------------|----|-----|
| Trickett, Lauren, RN | RN | 1t3 | Courtney, STEVEN, RN | RN | sc7 |
| Turner Flaina Scribe | Scribe | e et3 | | | |

Print Time: 10/1 2019 10 25:53

RUN DATE: 05/16 RUN TIME: 1940 llis Knighton oth *ADMISSION
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

RUN USER: SAFFED2.AM

Unit#: K000629604

Name: L Rm/Bd: Serv/L

Serv/Locn: ERS
Account#: K32553133

DOB: 10/01/13 Age: 2Y 09M

Status: ER Sex: F EPI#: 000000001116206

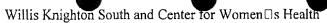
| Interdisciplinary Assessment (Free Text), historical data: | Last Update/ <u>Acknowledgement:</u> | | |
|--|---|--|--|
| Allergyl-Med/Contact: NKDA | 05/14/16 - 0436 | | |
| Allergy2-Med/Contact: NKDA | 05/14/16 - 0436 | | |
| Food Allergies-Intol: NKFA | 05/14/16 - 0436 | | |
| Latex Allergy (Y/N): | 05/14/16 - 0436 | | |

Pharmacy Allerqy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.) 05/16/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

10/01/13 2Y 09M Easterling, David R K32553133

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record



Willis Knighton South

2510 Bert Kouns Industrial Loop Shreveport, LA 71118 318-212-5500

Discharge Instructions for:

Arrival Date: Care Complete Time: 07/16/16 19:31 07/16/16 20:29 Easterling, David R K32553133

07/16/16

Thank you for choosing Willis Knighton South for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Aycock II, Richard, MD Otitis Media; Diarrhea Diagnosis:

| DISCHARGE INSTRUCTIONS | FORMS | | |
|---|---------------|--|--|
| Diarrhea, Home Care Instructions Ear - Middle, Infection (Otitis Media), Child Fever, Child (with Dosage Charts) | None | | |
| FOLLOW UP INSTRUCTIONS | PRESCRIPTIONS | | |
| Willis-Knighton, Tots to Teens Clinic (Pediatrics) When: 2 days; Reason: Recheck today's complaints, Or sooner if you get worse | Amoxicillin | | |
| SPECIAL NOTES | | | |
| tylenol and motrin for fever, plenty of fluids, especially pedialyte. | | | |

I hereby acknowledge that I have received and understand the apove instructions and prescriptions (if any)

taliváli Hemderson MRN #K000629604

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

ED Physician or Nurse

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy









Willis-Knighton, Tots to Teens Clinic (Pediatrics)

845 Olive St

Shreveport, LA 71104

318-226-4892 When: 2 days

Reason: Recheck today's complaints, Or sooner if you get worse

PRESCRIPTIONS

Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution Take 6 milliliter by ORAL route every 12 hours for 10 days; 120 milliliter

TESTS AND PROCEDURES

Labs

None

Rad None

Procedures

None

Other

None

HENDERSON

10/01/13 2Y 09M Easterling, David R K32553133

07/16/16











- ASSIGNMENT OF BENEFITS

 1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.
- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any
- 3. Valuables: 1 understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefits: I. the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 07/16/16 Admission Time: 1931

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10/01/13 Easterling, David R M.D. K32553133 07/16/16











ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one—third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

| | | | | | A | |
|--|---|-----------------------|----------------------|---------|---|---------------------|
| Stenatife of Patient/Guardian Stenatife of Patient/Guardian Print Nome | icher | Antor Name | Date/Time | Proje | lle Saffel witness lle Saffel rint Name | 711616 Date/Time |
| If Patient/Guarantor is unable to sign, 1, | , either expressed | , do hereby state the | hat I have been give | | | |
| Signature of Authorized Party | Authorized Party's Relationship to the Patient | Date/Time | | litness | Date/Time | |
| Admission Date: 074444 | | | | | | |

Admission Date: 07/16/16
Admission Time: 1931
AM3349_2
Revised 10/01/2013
Committee Approved 12/13/2013

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AM0005

10/01/13 2Y F Easterling, David R M.D. K32553133 07/16/16







WILLIS-KNIGHTON MEDICAL CENTER SHREVEPORT, LA EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME:

ACCT. NO: K32414732

GUARANTOR: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT,LA 71107

NEXT OF KIN; ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT,LA 71107

PHONE:

(318)210-3821

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD

ADDRESS:

ARRIVED FROM: C

ATTENDING PHYS: Sulfivan, Michael J M.D.

ADMIT/OTHER PHYS: PHONE:

PRIM CARE PHYS: UNKNOWN

NAME

POLICY #

GROUP #

BENEFIT PLAN

MEDICAID

PRIMARY INS: LA HLTHCARE CONN LA ME

1997286459512

SECONDARY INS:

TERTIARY INS: FOURTH INS:

ACCT NO: K32414732

ROOM:

STATUS: REGER

PHONE: (318)210-3821

06/04/16 DATE:

UNIT#: K000629604

0824 TIME:

SERV/LOC: ERS

F/C: MA

SS#: 338-89-3614

BIRTHDATE: 10/01/13

AGE:

2Y

SEX:

BLACK OR AFRICAN A

RACE

RELIGION: NO RELIGION MARITAL STAT: SINGLE

PATIENT

COUNTY: CADDO PARISH

EMPLOYER: JOHNSON'S CARE

ADDRESS: 4038 MARRON PLACE

SHREVEPORT, LA 71107

ADDRESS: 2247 LEGARDY STREET

PERSON TO NOTIFY: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET

SHREVEPORT, LA 71107

(318)631-7714

PHONE: (318)210-3821

RELATION: M

COMMENTS:

REASON FOR VISIT: COLD SYMPTOMS WHEEZING

SHREVEPORT,LA 71109

KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: ALEXAJ.AM



Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 146 প্রক্রিপ্রশূসর্যাক্ত #:

Physician Documentation

Willis Knighton South

Name: Aaliyah

Age: 2 yrs **Sex:** Female **DOB:** 10.01/2013 **Arrival Date:** 06/04/2016 **Time:** 08:17

Bed 9

MRN: 1116206 Account#: K32414732 Private MD: Allen, Scott

HPI:

06/04 This 2 years old African Am/Black Female presents to ED via Ambulatory with complaints of Wheezing > 1 am12 09:33 Year, Cold Symptoms.

am12

09:33 The patient presents to the emergency department with cough, described as moderate, fever, that is subjective, that was measured at 100.3 degrees Fahrenheit, rhinorrhea, wheezing, described as moderate. Onset: The symptoms/episode began/occurred acutely, 2 day(s) ago. Associated signs and symptoms: Pertinent positives: cough, fever, nasal discharge, wheezing, Pertinent negatives: abdominal pain, body aches, chest pain, congestion, constipation, diarrhea, dysuria, earache, headache, myalgias, seizure, shortness of breath, sore throat, vomiting. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: albuterol nebulizer, for 1 days, every 4 hours. The patient has experienced similar episodes in the past. The patient has been recently seen by a physician: Dr. Scott Allen The patient has been recently been admitted at Willis Knighton, for similar complaints, 4 weeks ago. Dx with bronchitis.

Historical:

• Allergies: No known drug Allergies;

· Home Meds:

Albuterol Nebulizer Unknown as needed
 PMHx: Bronchitis; Asthma; Ear infections

PSHx: None

Historical:

08:28 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations sd3 up to date. Social history: The patient lives with mother The patient speaks appropriately for age, the patient is a minor.

09:33 The history from nurses notes was reviewed and confirmed.

am12

ROS:

09:33 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned am12 below.

10:10 Eyes: Negative for injury, pain, redness, and discharge, Neck: Negative for injury, pain, swollen nodes, stiffness Cardiovascular: Negative for chest pain and edema, Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea, poor PO intake, and constipation, Back: Negative for injury and pain, GU: Negative for injury, bleeding, discharge, and swelling, MS/Extremity: Negative for injury and deformity, Skin: Negative for rash, changes Neuro: Negative for headache, weakness, mental status changes, and seizure, Psych: Negative for depression, anxiety, suicide ideation, homicidal ideation, and hallucinations. Constitutional: Positive for coughing, fever, Negative for body aches, chills, acute pain, poor PO intake, shortness of breath, tearful, vomiting. ENT: Positive for nasal discharge, Negative for foreign body sensation of the ears, hearing loss, injury or acute deformity, difficulty handling secretions, difficulty swallowing, hoarseness, nose bleed, pulling at ears, sinus congestion, sinus pain, sore throat, tinnitus, dental pain. Respiratory: Positive for cough, wheezing, Negative for dyspnea on exertion, hemoptysis, orthopnea, pleurisy, paroxysmal nocturnal dyspnea, shortness of breath, sputum production.

Exam:

10:10 am12

Head/Face: Normocephalic, atraumatic.

Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness. Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal

Physician Documentation Con't.

PMI, no JVD. No pulse deficits.

Abdomen/GI: Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding, rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation. No hernia noted.

Back: Normal inspection with no obvious deformity. No spinal tenderness. Full range of motion.

Skin: Warm and dry with excellent turgor, capillary refill <2 seconds. No cyanosis, pallor, rash or edema.

MS/ Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion.

Neuro: Awake and alert, GCS 15, oriented to person, place, time, and situation. Cranial nerves II-XII grossly intact. Motor strength 5/5 in all extremities. Sensory grossly intact. Cerebellar exam normal. Normal speech and gait for age.

Psych: Behavior, mood, response, and affect are appropriate for age.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted, alert, well developed, well groomed, well hydrated, well nourished, non-diaphoretic, non-toxic, afebrile.

ENT: External ear(s): are unremarkable, Ear canal(s): are normal, TM's: erythema, that is marked, on the left, Nose: is normal, Mouth: is normal, Posterior pharynx: is normal.

Neck: External neck: is nomal, C-spine: appears grossly normal, JVD: is not appreciated, Thyroid: appears normal, Trachea: is midline with no obvious abnormalities. ROM/movement: is normal. Lymph nodes: no appreciated lymphadsenopathy.

Respiratory: the patient does not display signs of respiratory distress. Respirations: normal, Breath sounds: are normal.

Vital Signs:

| Time | B/P | Pulse | Resp | Temp | Pulse Ox | Weight | Height | Pain Staf |
|-------|-----|-------|-------------------|----------|------------|-------------------------------|-------------------|-----------|
| 08:17 | | 155 | 7, :: | 98.9(TE) | 98% on R/A | 13.15 kg / 28 lbs 16 oz | 38 in. (97 cm) | alt1 |
| 11:36 | | 128 | 28 Spontaneous | | 99% on R/A | | | smo |

Glasgow Coma Score:

| Giasgo | W Coma Score. | | | | · · · · · · · · · · · · · · · · · · · | |
|--------|----------------|-----------------|-------------------|-------------------|---------------------------------------|-------|
| Time | Eye Response | Verbal Response | Motor Response | Modifying Factors | Total | Staff |
| 08:17 | spontaneous(4) | oriented(5) | obeys commands(6) | | 15 | alt1 |

MDM:

10:10

Data reviewed: vital signs, nurses notes, and as a result, I will continue to observe the patient.

Data interpreted:

Pulse oximetry: normal. on room air observed by me at the triage is 98 %.

10:29

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points,

exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

11:27 I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

Data reviewed: radiologic studies, plain films.

11;28 Patient medically screened.

mjs

mis

am12

| Order | Status | Time | Ву | For |
|---------------------------------------|---------|----------------|-----|-----|
| Albuterol 1 unit dose Inhalation once | Ordered | 06/04/16 09:41 | sd3 | mjs |
| | | ľ | l | |

Name: Aaliyah

Print Time: 10/1/2019 10 27:39

MRN: 1116206 Account#: K32414732

Page 2 of 4

Physician Documentation Con't.

| | Administered | 06/04/16 09:41 | sd3 | | | |
|--|---|--|-----------|---------|--|--|
| Notes: | Order Method: \ | Verbal - Read back | | | | |
| | Sign off: Sulliva | n, Michael 06/04/16 10:30 | 0 | | | |
| 06/04/16 09:41 Administered: Albutere | ol 1 unit dose Inhalation over 10 mins | | | sd3 | | |
| 06/04/16 11:22 Follow Up: Response: | Respiratory status improved; Tolerated | well | | bf1 | | |
| Order | Status | Time | Ву | For | | |
| Call X-Ray Tech | Ordered | 06/04/16 10:30 | mjs | mjs | | |
| | Completed | 06/04/16 10:35 | Steven | Clinger | | |
| N-4 | 0 1 22 (1 1 1 | Order Method: Electronic | | | | |
| Notes: | Order Method: I | Electionic | | | | |
| Notes: | Order Method: I | Electronic | | | | |
| Order | Status | Time | Бу | For | | |
| | | | By mjs | For mjs | | |
| Order | Status | Time | mjs | | | |
| Order | Status Ordered | Time 06/04/16 10:30 06/04/16 11:25 | mjs | mjs | | |
| Order Chest 1 View | Status Ordered Reviewed | Time 06/04/16 10:30 06/04/16 11:25 | mjs | mjs | | |
| Order Chest 1 View | Status Ordered Reviewed | Time 06/04/16 10:30 06/04/16 11:25 | mjs | mjs | | |
| Order Chest 1 View Notes: Bed Name: 9 | Status Ordered Reviewed Order Method: I | Time 06/04/16 10:30 06/04/16 11:25 | mjs | mjs | | |
| Order Chest 1 View Notes: Bed Name: 9 Interpretation: radiology report reviewed. | Status Ordered Reviewed Order Method: 8 | Time 06/04/16 10:30 06/04/16 11:25 | mjs | mjs | | |
| Order Chest 1 View Notes: Bed Name: 9 Interpretation: radiology report reviewed. ER EXAM ROOM/BED: (OERDERRMBD): | Status Ordered Reviewed Order Method: 8 | Time 06/04/16 10:30 06/04/16 11:25 | mjs | mjs | | |

Order Signatures:

Sullivan, Michael, MD

MD mjs

Lee, Susan, RN

RN sd3

Disposition:

10:29 This chart was scribed by Mcinnis, Ashleigh, Scribe. in the presence of Michael Sullivan MD.

am12

11:27 Electronically signed by: Michael Sullivan M.D.

mjs

Disposition:

06/04/16 11:28 Discharged to Home/Self Care. Impression: Bronchiolitis - mild.

- · Condition is Stable.
- Discharge Instructions: Bronchiolitis.
- Prescriptions for

Zithromax 100 mg/ 5 ml Oral Suspension for Reconstitution

- take 7 milliliter by ORAL route one time for 1 day then take (5mg/kg/day) 3.5 milliliters by oral route days 2,3,4,5; 21 milliliter.

Albuterol Sulfate 2.5 mg /3 mL (0.083 %) Inhalation Solution for Nebulization

- inhale 1 unit by NEBULIZATION route 3 times per day As needed: 1 box.
- · Follow up: Scott Allen; When: Next week.
- · Problem is new.
- Symptoms have improved.

Signatures:

| Clinger, Steven, RN | RN | smc | Sullivan, Michael, MD | MD | mjs |
|---------------------|----|-----|-----------------------|----|------|
| Lee, Susan, RN | RN | sd3 | Tomlinson, Amy, RN | RN | alt1 |

Name: Aaliyah

Print Time 10/1/2019 10 27:39

MRN: 1116206 Account#: K32414732

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Physician Documentation Con't.

Mcinnis, Ashleigh, Scribe

Scribe am12

Name: Aaliyah

Print Time 10/1-2019 10:27:39

MRN: 1116206 Account#: K32414732

Page 4 of 4

Nurse's Notes

Name: Aaliyah

Age: 2 yrs Sex: Female DOB: 10 01/2013 Arrival Date: 06/04/2016 Time: 08:17

Bed 9

Willis Knighton South

MRN: 1116206 Account#: K32414732 Private MD: Allen, Scott

Presentation:

06/04 08:17 Method of Arrival: Ambulatory. alt1

08:17 Preferred language for medical communication is English. Presenting complaint: Mother states: "She's been alt1 wheezing. I've been giving her a treatment every 4 hours. Her nose been running, and coughing, and fever". Person Transporting: Parent. Transition of care: patient was not received from another setting of care. Care prior to arrival: Medications: albuterol nebulizer, last dose @ 0600.

08:22 Acuity: 3 - Urgent.

alt1

Triage Assessment:

08:17 **General:** Appears in no apparent distress, well developed, well nourished, well groomed. Behavior is appropriate for age, playing, smiling. **Pain:** Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10.

alt1

Historical:

• Allergies: No known drug Allergies;

· Home Meds:

Albuterol Nebulizer Unknown as needed
 PMHx: Bronchitis; Asthma; Ear infections

• PSHx: None

Historical:

08:28 Family history: No immediate family sd3 members are acutely ill. Immunization history: Childhood immunizations up to date. Social history: The patient lives with mother The patient speaks appropriately for age, the patient is a minor.

09:33 The history from nurses notes was reviewed am12 and confirmed.

Screening:

08:17 Abuse screen:

alt1

there are no obvious signs of child abuse.

Patient fall risk assessment;

risks identified; None.

Learning Barriers:

No barriers to teaching and learning identified.

Pedi Fall Risk
None Identified.
Exposure risk/Travel Screening:

None identified.

Assessment:

08:28 Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 4 out of 10. General: Appears in no apparent distress, well developed, well nourished, well groomed, Behavior is cooperative, mobility; ambulates without assistance Reports she has been wheezing and having a fever up to 100.3 since yesterday. I have been giving her treatments but it keeps flaring back up. General: Reports grandmother reports she was admitted about 4 weeks ago for similar reasons. Neuro: Level of Consciousness is alert, awake. Oriented to person. EENT: Parent/caregiver reports the patient having nasal discharge that is watery. Cardiovascular: Capillary refiil < 3 seconds. Respiratory: Respiratory effort is even, unlabored, Respiratory pattern is regular, Parent/caregiver reports the patient having wheezing. Dermatologic: Skin is dry, Skin is normal. Musculoskeletal: No deficits noted.

09:35 **Respiratory:** Breath sounds with wheezes upon exhalation, bilaterally, in right upper lobe, left upper lobe, left posterior upper lobe, right posterior lower lobe, left posterior base and right posterior base.

sd3

Vital Signs:

Print Time: 10-1/2019 11-37-25

| Time | B/P | Pulse | Resp | Temp | Pulse Ox | Weight | Height | Pain Staff |
|-------|-----|-------|------|----------|------------|-------------------------------|-------------------|------------|
| 08:17 | | 165 | | 98.9(TE) | 98% on R/A | 13.15 kg / 28 lbs 16 oz | 38 in. (97 cm) | ait1 |
| 11:36 | | 128 | 28 | | 99% on R/A | | | smc |

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Nurse's Notes Con't

| Spontaneous | | |
|-------------|--|--|
| | | |

Vitals:

08:17 Acuity: 3 - Urgent.

alt1

11:36 Body Mass Index = 13.98.

smc

Glasgow Coma Score:

| Time | Eye Response | Verbal Response | Motor Response | Modifying Factors | Total | Staff |
|-------|----------------|-----------------|-------------------|-------------------|-------|-------|
| 08:17 | spontaneous(4) | oriented(5) | obeys commands(6) | | 15 | alt1 |

ED Course:

| 08:17 Patient arrived in ED. | ms2 |
|---|------|
| 08:17 Patient moved to KIOSK. | ms2 |
| 08:17 Allen, Scott is Private Physician. | alt1 |
| 08:22 Triage completed. | alt1 |
| 08:22 Patient moved to Waiting. | alt1 |
| 08:24 Patient moved to 9. | sd3 |
| 08:28 Lee, Susan, RN is Primary Nurse. | sd3 |
| 08:34 Bed in low position. Call light in reach. Patient has correct armband on for positive identification. Adult with patient. Child being held by parent. | sd3 |
| 09:53 Sullivan, Michael, MD is Attending Physician. | mjs |
| 10:49 Patient moved to Radiology. | jcm |
| 10:49 Chest 1 View Sent. | jcm |
| 11:02 Patient moved to 9. | md |
| 11:27 Allen, Scott is Referral Physician. | mjs |
| 11:36 No procedures done that require assistance. | smc |

Administered Medications:

| Time | Drug & Dose | Volume | Route | Rate | Infused Over | Site | Delivery | Staff |
|-------|---|-----------|-------------|------|-----------------|------|----------|-------|
| 09:41 | Albuterol 1 unit dose | | Inhalation | | 10 mins | | | sd3 |
| 11:22 | Follow up: Response: Respiratory status impro | oved; Tol | erated well | | | | | bf1 |

Outcome:

11:28 Discharge ordered by MD.

mjs smc

11:36 Discharged to home, ambulatory, with family. Discharge instructions given to patient, family, Instructed on discharge instructions, follow up and referral plans, medication usage, Demonstrated understanding of instructions, medications, Prescriptions given; 2, No questions or concerns expressed to me at discharge. Medication reconcilliation form provided. Med Effects: Effects of administered medications were addressed. Oxygen use: Oxygen use not applicable.

smc

11:37 Electronic medical record closed.

Signatures:

Clinger, Steven, RN

RN smc

Sullivan, Michael, MD

MD mjs

Name: Aaliyah

Print Time 10/1/2019 11 37:25

MRN: 1116206 Account#: K32414732

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Nurse's Notes Con't

| Mathews, Janet, RN | RN | jcm | Durr, Melinda, RT | RT | md |
|---------------------------|--------|------|--------------------------|----|-----|
| Lee, Susan, RN | RN | sd3 | Scriptuser, MEDHOST | | ms2 |
| Tomlinson, Amy, RN | RN | alt1 | Figueiredo, Brittani, RN | RN | bf1 |
| Mcinnis, Ashleigh, Scribe | Scribe | am12 | | | |

Name: Aaliyah

Print Time 10/1/2019 (1:37:25

MRN: 1116206 Account#: K32414732

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WILLIS-KNIGHTON SOUTH

Account: K32414732
Patient: L

Order Dr: Sullivan, Michael J M.D.

EPI: 000000001116206

XR REPORT REG ER

DOB: 10/01/13

Final Report

Admitting Diagnosis: COLD SYMPTOMS WHEEZING

Reason For Exam: Wheezing > 1 Year Interpretive Location: ALBA

Procedure Date: 06/04/2016 Accession Number: 3211554

Procedure: SXR - XR, chest 1 view CPT Code: 71010

IMPRESSION: Normal Chest.

RESULT: CHEST 1 VIEW

Clinical Information: Wheezing > 1 Year

Comparison: 5/14/2016

Findings: Heart size and contour are within normal limits. The lungs are

clear of infiltrate, mass, or effusion. No significant skeletal

abnormality is noted.

Electronically Signed by: JOSE MIGUEL ALBA M.D. on Jun 4 2016 11:20A

RUN DATE: 06 RUN TIME: 0825

llis Knighton th *ADMISSION INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

RUN USER: ALEXAJ.AM

Unit#: K000629604

Name: L

Rm/Bd:

Serv/Locn: ERS Account#: K32414732 DOB: 10/01/13

Age: 2Y 08M

Status: ER Sex: F EPI#: 000000001116206

| Interdisciplinary Assessment (Free Text), historical data: | Last Update/ Acknowledgement: |
|--|----------------------------------|
| Allergyl-Med/Contact: NKDA | 05/14/16 - 0436 |
| Allergy2-Med/Contact: NKDA | 05/14/16 - 0436 |
| Food Allergies-Intol: NKFA | 05/14/16 - 0436 |
| Latex Allergy (Y/N): | 05/14/16 - 0436 |

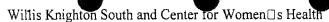
Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

05/16/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

> HENDERSON. 10/01/13 2Y 08M 10/01/13 Michael J Sullivan, Michael J 06/04/16 K32414732



Willis Knighton South

2510 Bert Kouns Industrial Loop Shreveport, LA 71118 318-212-5500

Discharge Instructions for:

Arrival Date:

Care Complete Time:

06/04/16 08:17

06/04/16 11:28

Thank you for choosing Willis Knighton South for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by:

Sullivan, Michael, MD

Diagnosis:

Bronchiolitis - mild

| DISCHARGE INSTRUCTIONS | FORMS |
|---------------------------------|--------------------------------|
| Bronchiolitis | None |
| FOLLOW UP INSTRUCTIONS | PRESCRIPTIONS |
| Allen, Scott When: Next week | Zithromax Albuterol Sulfate |
| SPECIAL NOTES | |
| None | |

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

Aaliyah Henderson

MRN # K000629604

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

2Y 08M

Sullivan, Michael J K32414732

05/04/16









Allen, Scott

When: Next week

PRESCRIPTIONS

Zithromax 100 mg/ 5 ml Oral Suspension for Reconstitution
Take 7 milliliter by ORAL route one time for 1 day then take (5mg/kg/day) 3.5 milliliters by oral route days 2,3,4,5;
21 milliliter

Albuterol Sulfate 2.5 mg /3 mL (0.083 %) Inhalation Solution for Nebulization Inhale 1 unit by NEBULIZATION route 3 times per day As needed; 1 box

TESTS AND PROCEDURES

Labs

None

Rad

Chest 1 View

Procedures

None

Other

Call X-Ray Tech

10/01/13 2Y 08M Sullivan, Michael J 06/04/16











ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.
- 3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including each, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinahove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 06/04/16 Admission Time: 0824



10/01/13 Sullivan, Michael J M.D. K32414732 06/04/16

AM3349 1 Page 1 of 2











ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection. Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

Date/Time Guarantor :24 Print Name , do hereby state that I have been given the authority to sign for If Patient/Guarantor is unable to sign, I, , either expressed or implied and that he or she is fully aware of this authority. Date/Time Date/Time Witness Signature of Authorized Party's Authorized Party Relationship to the Patient Admission Date: 06/04/16 Admission Time:

0824 AM3349_2

Revised 10/01/2013 Committee Approved 12/13/2013

Page 2 of 2

10/01/13 Sullivan, Michael J M.D. K32414732 06/04/16









05/14/2016

FACESHEET

| WILLIS-KNIGHT | ON SOUTH | | | | SHREVEPORT, LA |
|--|-----------------------------|--|--|--|--|
| ADMITTING DIAG | NOSIS: | | ************************************** | | Cóđe |
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| PRINCIPAL DIAG | NOSIS: | | | | |
| OTHER DIAGNOSES | S: | anna sannaidh an tha ann ann an t-ann ann an t-ann ann an t-ann ann an t-ann an t-ann an t-ann an t-ann an t-a | | , | |
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| OPERATIONS/OTHE | ER PROCEDURES: | | | Date | 2. |
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| | | | | | |
| | | | | | |
| DISCHARGE STATUS: | Routine AMA Expired Autopsy | SNF/HRF HHA | LENGTH OF STAY | Physician's Signature | Date |
| Account No. | K32346629 K.E5514/1 | Admission Date Admission Time | 05/14/16 0328 | PR MEDITECH Unit Numi E Subscriber Name | ber K000629604 |
| Туре | ADM IN | Location/Service | PED | Subscriber DOB | |
| Last INP DATE | | Last Discharge Da | te 03/12/16 | Social Security No | |
| Patient | | | Patient | Financial Class | |
| Name | | • | Date of Bir | | Sex F |
| Street | 2247 LEGARDY STREET | | Race Marital Sta | BLACK OR AFRICAN A | |
| | SHREVEPORT,LA 71107 | | Religion | NO RELIGION | |
| | (318)210–3821 | | Kerigion | NO REEMION | |
| 44444 | CADDO PARISH | | Next of Kin | | |
| | CHILD | | Name | ALEXANDER, JENNIFER | |
| Street | | | Street | 2247 LEGARDY STREET | |
| City/State/Zip | | | | Zip SHREVEPORT,LA 71107 | |
| Phone | Occupat | ion CHILD | Phone | | elationship: M |
| Guarantor | | | | oti fy | Section 1.1 and the second section of the section |
| Name | ALEXANDER, JENNIFER | | Name | ALEXANDER, JENNIFER | |
| | 2247 LEGARDY STREET | | Street | 2247 LEGARDY STREET | • |
| - | SHREVEPORT,LA 71107 | '40T FO CCCC | | Zip SHREVEPORT,LA 71107 (318)210-3821 Re | elationship: M |
| | (318)210–3821 | ssn 435-59-6369 | | (310/210-3021 | |
| | yer | 20-10-100 (100 11 11 11 11 11 11 11 11 11 11 11 11 | Accident Da | | |
| | JOHNSON'S CARE | | | by UNKNOWN | |
| | 4038 MARRON PLACE | | Attend. Phy | | |
| | SHREVEPORT,LA 71109 | | Other Phys. | Oji, Greg M M.D. | |
| | (318)631-7714 | z Number | | | Benefit Plan |
| LA HLTHCARE CON | | 36459512 | | C D D | MEDICAID |
| | | | 1016 | | |
| Terbie Dariant | Here for Fre-Op Testi | | | The second secon | |
| Is this Patient Comment: | mere for the ob teach | | | Admit Clerk: MCMILC.AM | |
| Notice Giv | en: Y Date | Notice Given: 09/2 | 3/14 | MEDR Eligible | |
| | BRONCHIOLITIS | | | MEDB Eligible: | |
| Preferred Langua | | | Ethnicity: NHILAT | | |
| Known Drug Aller | | | Patient Survey: N | | |
| | | | | | |





| WILLIS-KNIGHTON | HEALTH SYSTEM | Pediatric Hospitalis | st Progress Note | <u> </u> |
|--|-----------------------------------|--|---|---|
| ~ . | | | / | amman |
| Date: 3 Notana (| Time: | Name: | o new problems/complaints | |
| □ Other ∠// (| CA, AKLL | And agreety | Thew problems/complaints | |
| | | , | | |
| Meds: Reviewe | d Remarks | | | |
| Discussed Asse | ssment/Plan with □ pati | ent of family at beds | ide 🗆 per phone | |
| ROS: ☐ 10 systems | s reviewed otherwise Neg | gative Posit | ive: | |
| Interval Physica | Exam: | <i>~</i> , , | | |
| Vitals: temp | 97.9 HR 107 ydrated □ WN ☑ NAD | RR | 02 sat 100 KA | |
| General: Well-h | ydrated □ WN ☑ NAD | ☑ Nontoxic ☑ Remarks | glay N | |
| HEENT: Normo | cephalic atraumatic D | Anterior fontanelle open | & flat PERRL DC | Conjunctiva clear |
| ☐ Remarks | ongestion Nasai tiarin | g 🖾 Tempanic membra | ines normal bil Ø Oral mu | cosa moist. 🗠 Pharynx no |
| | No rigidity□ Δα | lenonathy □ Masses □ II | igular vein distention □ Rer | narks |
| | | | | |
| Lungs: Normal | CTA bil Unlabored | Air movement: ☑ Go | od Fair Poor Unl | abored □ Rales □ Rho |
| ☐ Wheeze (end ex | piratory/inspiratory) ☐ Cr | ackles ☐ Retractions ☐ | Stridor Remarks | |
| | | | ☐ Normal active bowel sou | |
| □ Masses □ Ren | | mannan manna | | |
| Extremities: 🗗 No | rmal □ Cyanosis □ | Capillary refill less than : | 2 seconds ☐ Edema | □Pulses |
| | | | es □ Weakness □ Remark | - <u> </u> |
| Lab: ☐ Reviewed 41 10 | £ . | Ca(O Alb AstAlt Alk/Phos | 9.8 12.4 | Segs ++ Bands & 286Lymphs 2 |
| 31 | 0(10.3 \ | | | |
| Other: <u>UA</u> | Organt un | in US O + date l Rupe rad: P | CMO | |
| And the second s | · w | e Reso pal: P | nino /tht (f) | |
| 011 | 1 - 1 - and | | | |
| Impression: | 10 · Auti asm | 7 (1 () | an: ≝See orders | ntinue medical manageme er consultant/s: |
| Imany of child | in Spanne | ids Marsufx 1, | • | |
| Allondos Pu | not an Me | wied) | Follow labs 02 | Respiratory Therapy |
| Poceshin x 2 | doses duy adin | γ | ☑ Continue antibiotics, | |
| Rummed New | in. Residisher | Resolved. | ☐ Continue therapy/Rel | nab E Nutrition support |
| | * | | Il home to | n Poduices |
| \mathcal{L} | 1110111 | 6 1745 m | X Sarging | 416 NUSS. |
| Physician-Signatur | Date/ | Time | - the crops | a / mage |
| Sharon Tran, M. | D. (2944) 🔲 Greg Oji | , M.D.(2977) | NAME AND RESTREET OF THE PARTY | |
| Do: Aust | . Ad & | | | |
| | (A) A (2) (2) (7) | | | re a 11 # 215 |
| PN650_1 | lesp diskers | PN0005 | | L |
| Devised 05/01/2015 | | PNOCO5 | 10/01/13 2Y Oji, Greg M M. | 07M |



| Pediatric Hospitalist History and | Physical |
|--|--|
| Patient Name: Henderson Aaliyah | Date: 5/14/16 Time: 2 pm |
| PCP: LSU Source of | Information aranding |
| Chief Complaint: (Ngh whetzir | 9. |
| History of Present Illness: 2 Ulm & & | émale born préféres at |
| 24-26 Weeks vig 6/5 with | 3 month with stay parts |
| mortiple PICU hospitalization | rs for respiration distress |
| 2 says pta. Granding go | 2. Cough and wheeling |
| 2 stays pta. Grandora go | me her repeated treatment |
| talk albahens nebs but & | he continued to have |
| in beed with a largelling | z. She was then brought |
| to WISER. |) |
| | g. A Eczong. Oromhing |
| Decreases DO whate. | J Corona Comment |
| Brokeyed po manex | |
| | |
| | |
| | |
| | |
| | |
| Past Medical/Birth History: Unremarkable Other | sorn preferm at 24-26 well |
| Mac/s at LSU, work x 3 mi | onlts, (+) infubation. |
| morphe admissions for asitu | |
| Past Surgical History: | |
| , dot ourgood motory. | |
| , | |
| Allergies: NKDA Other | |
| ,,** | |
| Immunizations: UTD Other | 2 Luca 2 111212 2. |
| Family History: Noncontributory Other Mov N | as childhood asthma |
| Social History Lives at home with parents | ool Dad Smokes. |
| Other | |
| 2640/7/2640 | Smoje 29m. |
| 2640 [] - 2640 althura | 8 MO)1 WIII |
| | |
| NO. 3 (1) 100 (100 (100 (100 (100 (100 (100 (| nera erskeklandreklik film film († 1886) |
| | |
| ed 05/04/2015 HP0005 | 10/01/13 2Y 07M |
| • | Oji, Greg M M.D. K.E5514 K32346629 05/14/16 |
| | K343#8044 |

ALL DE MANDE A
| WILLIS-KNIGHTON HEALTH SYSTEM Pediatric Hospitalist History and Physical continued |
|--|
| General: ☐ None ☐ Fever ☐ Decreased appetite/oral intake ☐ Decreased activity ☐ Fussy ☐ Other |
| HEENT: ☐ None ☐ Head injury ☐ Red/Swollen eyes ☐ Eye d/c ☐ Runny nose ☐ Congestion ☐ Earache ☐ Ear d/c |
| □ Sore throat □ Other |
| Cardiovascular: |
| Respiratory: None-Cough SOB Wheeze Other |
| GI: ☑ None ☐ Vomiting ☐ Diarrhea ☐ Constipation ☐ Abd pain ☐ Bloody stools ☐ Other |
| Hematology: ☐ None ☐ Easy bruising ☐ Epistaxis ☐ Other |
| Neuro: ☐ None ☐ Headache ☐ Syncope ☐ Seizures ☐ LOC ☐ Other |
| GU: None Decreased urine Dysuria Discharge Other Physical Exam: O Systems reviewed: Ohermic unremarkate Vitals: Temp 97-8 HR 180 RR 42 O2 sat 9690 Wt 13.6 kg General: Well-hydrated WN NAD Nontoxic Remarks + Fussy |
| HEENT: □ Normocephalic atraumatic □ Anterior fontanelle open & flat □ PERRL □ Conjunctiva clear □ Norminorrhea/congestion □ Nasal flaring □ Tempanic membranes normal bil □ Nasal mucosa moist □ Pharynx normal □ Remarks □ TM S Show ey (the mag and middle for left); on |
| Neck: ☑ Normal ☐ Supple ☐ No rigidity ☐ Adenopathy ☐ Masses ☐ Jugular vein distention ☐ Remarks |
| Heart: Normal S1S2 RRR Murmur Remarks |
| Lungs: ☐ Normal ☐ CTA bil ☐ Unlabored Air movement: ☐ good ☐ fair ☐ poor ☐ Wheeze (end expiratory/inspiratory) Abdomen: ☐ Normal ☐ Soft ☐ Non-tender ☐ Non-distended ☐ Normal active bowel sounds ☐ Hepatosplenomegaly |
| □ Masses □ Remarks |
| Musculoskeletal: ☐ Normal ☐ Joints full ROM ☐ Pain ☐ Contractures ☐ Weakness ☐ Remarks |
| Skin: Normal Rash Remarks |
| Neuro: ☐ Normal/nonfocal ☐ Awake ☐ Alert ☐ Oriented ☐ Times 3 ☐ Irritable ☐ Sedated ☐ CN 2-12 intact ☐ Remarks |
| GU: ☐ Normal male/female genitalia Testes descended: ☐ Right ☐ Left |
| □ Remarks \\ \(\mathbb{M} \mathcal{O}_{\mathbb{N}} \cdot \(\mathbb{Q} \) \(\mathbb{N} \) |

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0/01/13 2Y 07M

10/01/13 2Y 07M Oji, Greg M M.D. K32346629

HI II REPRESENTATION REPRESENTATION IN THE

K.E5514 05/14/16



Pediatric Hospitalist History and Physical continued

| LAB: Reviewed Abnormals |
|---|
| Ca Segs Alb AstAlt Bands T/Dbili Lymphs |
| CXR_Unverable Cultures |
| other: Assesment: 24 ear old female aute asikna exacerbation and Otibs media - in moverate respiratory |
| Plan: Albutoru nebs 92hr, Sviumedra IV, magnesu-Sufate IV, refluidr |
| □ See orders: □ Continue medical management: □ Follow labs: □ O2, Respiratory Therapy: ○ BO, BWP. |
| ☐ IV Fluids Discussed assessment & plan with ☐ Patient ☐ Family |
| ☐ IV antibiotics: |
| ☐ Consults: |
| □ Remarks: |
| Physician Signature Date/Time |
| ☐ Sharon Tran, M.D.(2944) |

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10/01/13 2Y 07M

10/01/13 2Y 07M Oji, Greg M M.D. K32346629

K.E5514 05/14/16

14

Physician Documentation

Name: Aaliyah

Age: 2 years Sex: Female DOB: 10/01/2013 Arrival Date: 05/14/2016 Time: 02:08

Bed 3

Willis Knighton South

MRN: K000629604 Account#: K32346629

Private MD: LSU HOSPITAL, LSU

HPI:

05/14 This 2 years old African Am/Black Female presents to ED via Carried with complaints of <u>Cold Symptoms</u>.

02:16 This 2 years old African Am/Black Female presents to ED via Carried with complaints of Cold Symptoms. sd5

02:13 cold sx, fever. Onset: The symptoms/episode began/occurred yesterday. Severity of symptoms: At their worst the symptoms were mild. Associated signs and symptoms: None:

02:16 Had wheezing, retracting PTA- SPO2 at Triage was 86%.

e e j.

Historical:

· Allergies: No known drug Allergies;

· Home Meds:

1. Albuterol Nebulizer Unknown as needed

• PMHx: Bronchitis: Asthma, Ear infections

PSHx: None

Historical:

02:13 The history from nurses notes was reviewed and confirmed.

sd5

sd5

sd5

02:20 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations Idd up to date. Social history: The patient lives with mother The patient speaks appropriately for age, the patient is a minor.

ROS:

02:13 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned below. Eyes: Negative for injury, pain, redness, and discharge, Neck: Negative for injury, pain, and swelling, Cardiovascular: Negative for chest pain, palpitations, and edema, Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation, Back: Negative for injury and pain, GU: Negative for injury, bleeding, discharge, and swelling, MS/Extremity: Negative for injury and deformity, Skin: Negative for injury, rash, and discoloration, Neuro: Negative for headache, weakness, numbness, tingling, and seizure, Psych: Negative for depression, anxiety, suicide ideation, homicidal ideation, and hallucinations, Allergy/Immunology: Negative for hives, rash, and allergies, Endocrine: Negative for neck swelling, polydipsia, polyuria, polyphagia, and marked weight changes, Hematologic/Lymphatic: Negative for swollen nodes, abnormal bleeding, and unusual bruising.

Exam: 02:17

Head/Face: Normocephalic, atraumatic.

sd5

Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema.

ENT: Nares patent. No nasal discharge, no septal abnormalities noted. Tympanic membranes are normal and external auditory canals are clear. Oropharynx with no redness, swelling, or masses, exudates, or evidence of obstruction, uvula midline. Mucous membrane

Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness. Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.

Abdomen/GI: Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding, rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation.

Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.

Skin: Warm and dry with excellent turgor, capillary refill <2 seconds. No cyanosis, pallor, rash or edema.

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Physician Documentation Con't.

MS/ Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion.

Neuro: Awake and alert, GCS 15, oriented to person, place, time, and situation. Cranial nerves II-XII grossly intact. Motor strength 5/5 in all extremities. Sensory grossly intact. Cerebellar exam normal. Normal gait.

Psych: Behavior, mood, response, and affect are appropriate for age.

Female GU: Normal external genitalia.

Chest/axilla: Inspection:.

Respiratory: Respirations: normal, accessory muscle usage, that is moderate, nasal flaring, that is mild,

Breath sounds: wheezing, is heard diffusely.

Wital Ciana

| B/P | 165 168 | Resp 40 | Temp | 86% | 40.041 (00.0 - 0 | . (, | |
|-----|------------|-------------------|-------------------------|--|--|--|--|
| | 160 | | | 00 70. | 13.61 kg / 30 lbs 0 oz | | ldd |
| | 100 | | 98.5(R) | 100% on 15 lpm Aerosol Mask | | | ldd |
| | 164 | | | 100% on Aerosol Mask | | | jag |
| | | | | 97% on R/A | |]. | jag |
| | 196 | 30 | | 98% on R/A | | | jag |
| | 158 | | | 98% on R/A | | | jag |
| * | 184 | 35 Spontaneous | | 96% on R/A | | | jag |
| | | | 101.1(R) | 99% on R/A | | | jag |
| | | 196 158 | 196 30 158 184 35 | 196 30 158 184 35 Spontaneous | Mask 97% on R/A 196 30 98% on R/A 158 98% on R/A 184 35 Spontaneous 96% on R/A | Mask 97% on R/A 196 30 98% on R/A 158 98% on R/A 184 35 Spontaneous 96% on R/A | Mask 97% on R/A 196 30 98% on R/A 158 98% on R/A 184 35 Spontaneous 96% on R/A |

03:42 ED MD Denham notified.

jag

| Glasgo | w Coma Score. | | | | | 101 25 |
|--------|----------------|-----------------|-------------------------|-------------------|-------|--------|
| Time | Eve Response | Verbal Response | Motor Response | Modifying Factors | Total | Staff |
| | | | obeys commands(6) | | 15 | Idd |
| ln2:16 | spontaneous(4) | oriented(5) | 1 Opeys continuation(o) | i | | 1 |

MDM:

02:14 Patient medically screened.

sd5 sd5

03:00 Differential Diagnosis viral infection, bacterial infection, URI, bronchitis, pneumonia, UTI, gastroenteritis,

meningitis.

Data reviewed: vital signs, nurses notes.

Response to treatment: the patient's symptoms have mildly improved after treatment, STILL WITH MILD

RETRACTIONS, NASAL FLARING- MUCH IMPROVED BUT I FEEL NEEDS ADMIT.

Physician consultation: Dr. Greg Oji MD was called at 03:00, was contacted at 03:00, regarding

admission, and will see patient in inpatient room.

| Order- | Status | Time | Ву | For |
|---|---------------|----------------|--------|-------------|
| Chest 1 View | Ordered | 05/14/16 02:16 | sd5 | sd5 |
| Official Frame | Reviewed | 05/14/16 03:15 | Denhar | n, Sean, MC |
| Notes: Bed Name: 3 | Order Method: | Electronic | | |
| ER EXAM ROOM/BED: (OERDERRMBD): 3 | | | | |
| is the patient able to bear weight? (OERDBEARWT): | | | | |
| Is the patient at risk for falls? (OERDFALLS): | | | | |
| | RETCHER | | | |

Name: Aaliyah Henderson

MRN: K000629604 Account#: K32346629

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Print Time: 5/16/2016 09:47:40

Physician Documentation Con't.

では、100mmので

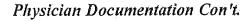
| | (AM: (OERDEXAM): Cold Symptoms | M | | | ************************************** | | | |
|---|---|---|---|------------------|--|--|--|--|
| Order | | Status | Time | By | For | | | |
| DuoNeb 1 unit dos | se Inhalation every 15 minutes x2 | Ordered | 05/14/16 02:16 | sd5 | sd5 | | | |
| | | Administered | 05/14/16 02:26 | jag | | | | |
| | | Administered | 05/14/16 02:39 | jag | | | | |
| Notes: | | Order Method: Electronic | | | | | | |
| 05/14/16 02:26 | Administration: DuoNeb 1 unit dose Inh | halation | | | | | | |
| 05/14/16 02:38 | Follow Up: Response: No Adverse Reac | ction; Tolerated well | | | jag | | | |
| 05/14/16 02:39 | Administration: DuoNeb 1 unit dose Inh | alation | | | jag | | | |
| 05/14/16 02:54 | Follow Up: Pulse Ox 97% RA; Response improved; Tolerated well | : No Adverse Reaction | n; Respiratory status | | jag | | | |
| Order | | Status | Time | Ву | For | | | |
| Orapred 1 tsp PO | once | Ordered | 05/14/16 02:16 | sd5 | sd5 | | | |
| | | Administered | 05/14/16 02:24 | jag | | | | |
| Notes: | , | Order Method: Electronic | | | | | | |
| 05/14/16 02:24 | Administration: Orapred 1 tsp PO | jag | | | | | | |
| 05/14/16 03:10 | Follow Up: Response: No Adverse Reac | ction; Respiratory status | s improved; Tolerated w | ell | jag | | | |
| Order | | Status | Time | Вÿ | For | | | |
| COLLECT SWAB | | Ordered | 05/14/16 02:34 | sd5 | sd5 | | | |
| | | Completed | 05/14/16 02:48 | Gaddis | , Jennifer, Ri | | | |
| Notes: | | Order Method: E | lectronic | | | | | |
| Order | | Status | Time | Вy | For | | | |
| , | | Ordered | 05/14/16 02:34 | sd5 | sd5 | | | |
| RSV by PCR. | | | T 1 - 1 - 1 - 1 - 1 - 1 | Dianata | | | | |
| RSV by PCR | | In Process Unspecified | 05/14/16 02:34 | Dispaic | ner vieamos | | | |
| RSV by PCR | | 1 | | Dispato | her MedHos | | | |
| Notes: | n: ERSPC100.1 | Unspecified | | Disparc | ner NiedHos | | | |
| | n: ERSPC100.1 | Unspecified | | Ву | For | | | |
| Notes: Ordering Location Order | n: ERSPC100.1 once; Per Pedi Fever Standing Orders | Unspecified Order Method: E | fectronic | | | | | |
| Notes: Ordering Location Order | | Unspecified Order Method: E | lectronic Time | Ву | For | | | |
| Notes: Ordering Location Order Tylenol 1 dose PO | | Unspecified Order Method: E | Time 05/14/16 03:44 05/14/16 03:51 | By jag | For | | | |
| Notes: Ordering Location Order Tylenol 1 dose PO | | Unspecified Order Method: El Status Ordered Administered | Time 05/14/16 03:44 05/14/16 03:51 | By jag | For | | | |
| Notes: Ordering Location Order Tylenol 1 dose PO | | Unspecified Order Method: E Status Ordered Administered Order Method: Vo | Time 05/14/16 03:44 05/14/16 03:51 | By jag | For | | | |
| Notes: Ordering Location Order Tylenol 1 dose PO Notes: | once; Per Pedi Fever Standing Orders | Unspecified Order Method: E Status Ordered Administered Order Method: Vi Sign off: | Time 05/14/16 03:44 05/14/16 03:51 erbal - Read back | By jag jag | For sd5 | | | |

Name: Aaliyah

Print Time: 5/16/2016.09;47:40.

MRN: K000629604 Account#: K32346629

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| CBC w/ Man Diff | Ordered | 05/16/16 07:38 | EDMS | | | |
|-----------------|---------------|-------------------------|----------|------------|--|--|
| | Returned | 05/16/16 07:38 | Dispatch | er MedHost | | |
| Notes: | Order Method: | | | | | |
| Order | Status | Time | Ву | For | | |
| Basic Metab Pnl | Ordered | 05/16/16 07:57 | EDMS | | | |
| | Returned | Returned 05/16/16 07:57 | | | | |
| Notes: | Order Method: | Order Method: | | | | |
| Order | Status | Time | Ву | For | | |
| Viral Resp PCR | Ordered | 05/16/16 09:46 | EDMS | | | |
| | Returned | 05/16/16 09:46 | Dispatch | er MedHost | | |
| Notes: | Order Method: | | | | | |
| | | | | | | |

Order Signatures:

Denham, Sean, MD

MD sd5

Dispatcher MedHost

EDMS

Gaddis, Jennifer, RN

RN jag

Disposition:

03:00 Electronically signed by: Sean C. Denham, MD. Disposition.

03:14 Electronically signed by: Sean C. Denham, MD.

sd5 sd5

Disposition:

05/14/16 02:58 Admit ordered for Oji, Greg. Preliminary diagnosis is Bronchiolitis.

- Bed requested for PEDS.
- Condition is Good.
- · Problem is chronic.
- Symptoms are unchanged.

Signatures:

Dispatcher MedHost

EDMS

Davis, Laurie, RN

RN Idd

Denham, Sean, MD

MD sd5

Gaddis, Jennifer, RN

RN jag

Name: Aaliyah

Print Time: 5/16/2016 09:47:40

MRN: K000629604 Account#: K32346629

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Nurse's Notes

Name: Aaliyah

Age: 2 years Sex: Female DOB: 10/01/2013 Arrival Date: 05/14/2016 Time: 02:08

Bed 3

Willis Knighton South

MRN: K000629604 Account#: K32346629

Private MD: LSU HOSPITAL, LSU

Presentation:

05/14 Method of Arrival: Carried.

02:15 Preferred language for medical communication is English. Presenting complaint: Mother states: She has been wheezing, having cold symptoms since about 1900 this PM. She has asthma and I have done several treatments. She is running fever as well. Person Transporting: Parent: Transition of care: patient was not received from another setting of care. Mechanism of Injury: denies injury. Care prior to arrival: Medications: Albuterol Neb.

02:16 Acuity: 3 - Urgent.

ldd

ldd

ldd

Triage Assessment:

02:16 General: Appears uncomfortable, Behavior is appropriate for age, Reports fever for 0-12 hours. Pain: ldd Denies pain, currently is 0 out of 10 on a pain scale, at worst was 0 out of 10 on a pain scale, level that is acceptable is 0 out of 10 on a pain scale.

Historical:

· Allergies: No known drug Allergies;

· Home Meds:

1. Albuterol Nebulizer Unknown as needed

PMHx: Bronchitis; Asthma; Ear infections

· PSHx: None

Historical:

02:13 The history from nurses notes was reviewed and confirmed.

02:20 Family history: No immediate family members Idd are acutely ill. Immunization history: Childhood immunizations up to date. Social history: The patient lives with mother The patient speaks appropriately for age, the patient is a minor.

Screening:

02:16 Abuse screen:

ldd

Denies threats or abuse. Denies injuries from another, there are no obvious signs of child abuse.

Patient fall risk assessment; risks identified; None. Learning Barriers:

No barriers to teaching and learning identified.

caregiver ready and willing to learn.

Pedi Fall Risk None Identified.

Exposure risk/Travel Screening:

None identified.

Assessment:

02:17 Pain: Denies pain, currently is 0 out of 10 on a pain scale, at worst was 0 out of 10 on a pain scale, level ldd that is acceptable is 0 out of 10 on a pain scale. General: Appears distressed, uncomfortable, Behavior is appropriate for age, mobility; ambulates without assistance Reports fever for 0-12 hours. Neuro: Level of Consciousness is awake, Grips are equal bilaterally Moves all extremities. Facial symmetry appears normal, Pupils are PERRLA. EENT: Nares with drainage noted bilaterally. Cardiovascular: Capillary refill < 3 seconds is brisk Heart tones S1 S2 present Pulses are all present. Respiratory: Respiratory effort is even, with retractions, Respiratory pattern is symmetrical, tachypnea Airway is patent Trachea midline Breath sounds with wheezes upon inhalation, upon exhalation, bilaterally. Gastrointestinal: Abdomen is nondistended Bowel sounds present X 4 quads. Abd is soft and non tender X 4 quads. Parent/caregiver reports the patient having normal bowel habits. Genitourinary: Parent/caregiver reports the patient having normal urinary habits. Dermatologic: Skin is intact, is healthy with good turgor, Skin is dry, Skin is pink, warm & dry, normal, Skin temperature is warm. Musculoskeletal: No deficits noted. Injury Description: denies injury.

02:56 Respiratory: Respiratory effort is even, with retractions, Respiratory pattern is symmetrical. Airway is patent jag Trachea midline Breath sounds with wheezes upon exhalation, bilaterally. Reassessment: Patient states symptoms have improved.

Vital Signer

| | Alter o | .3 | | | | | | |
|-----|-------------|----------|--------|------|-------------------|----------|-------------|--------------|
| | | | | | | - 1 - | 1 167-7-1-4 | imaia caassi |
| - 1 | - | rs /rs | Dulasi | Daca | Tomo | Pulse Ox | i Weiaht | Pain Staff |
| | Time | B/P | Pulse | Resp | Temp | Fuide OX | t treidire | i unii otani |
| | 1111101 | <u>,</u> | į . | | , , , , , , , , , | | | |
| | | | | | | | | |

Nurse's Notes Con't

| 02:16 | 165 | 40 | | 86% | 13.61 kg / 30 lbs 0 oz | ldd |
|-------|----------|------------------|----------|--------------------------------|------------------------|-----|
| 02:19 | 168 | | 98.5(R) | 100% on 15 lpm Aerosol Mask | | ldd |
| 02:36 | 164 | | | 100% on Aerosol Mask | | jag |
| 02:54 | | | - | 97% on R/A | | jag |
| 02:55 | 196 | 30 | | 98% on R/A | | jag |
| 03:09 | 158 | | , | 98% on R/A | | jag |
| 03:28 | 184 S | 35 pontaneous | | 96% on R/A | | jag |
| 03:42 | | | 101.1(R) | 99% on R/A | | jag |

03:42 ED MD Denham notified.

jag

Vitals:

02:16 Acuity: 3 - Urgent. 03:29 Body Mass Index = ldd

jag

Glasgow Coma Score:

| Oldago | W Collin Cooles | | | | , | | |
|--------|-----------------|-----------------|-------------------|-------------------|-------|-------------|---|
| Time | Eve Response | Verbal Response | Motor Response | Modifying Factors | Total | Staff | |
| 02:16 | spontaneous(4) | oriented(5) | obeys commands(6) | | 15 | ldd | Į |

ED Course:

| 02:08 Patient arrived in ED. | ms2 |
|---|-----|
| 02:08 Patient moved to KIOSK. | ms2 |
| 02:11 LSU HOSPITAL, LSU is Private Physician. | ldd |
| 02:11 Davis, Laurie, RN is Primary Nurse. | ldd |
| 02:11 Patient moved to 3. | ldd |
| 02:12 Denham, Sean, MD is Attending Physician. | sd5 |
| 02:17 Pulse ox on. Bedside monitor alarms on and audible. | jag |
| 02:20 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient. | ldd |
| 02:33 Patient moved to Radiology. | tmc |
| 02:33 Patient moved to 3. | tmc |
| 02:33 Chest 1 View Sent. | tmc |
| 02:48 RSV culture to lab. Specimen labeled in presence of patient and patient's mother. | jag |
| 02:58 Oji, Greg, MD is Admitting Physician. | sd5 |
| 02:58 Waiting for Bed Assignment. | sd5 |
| 03:43 No procedures done that require assistance. | jag |

Administered Medications:

| Time | Drug & Dose | Route | Rate | Duration | Site | Delivery | Staff |
|-------|-------------------------------------|-----------------------|-------------|----------------|---------|----------|-------|
| 02:24 | Orapred 1 tsp | PO | | | | | jag |
| 03:10 | Follow up: Response: No Adverse Rea | action; Respiratory s | status impi | roved; Tolerat | ed well | | jag |
| | | | | | | | |

Name: Aaliyah Henderson

Print Time: 5/16/2016 09:47:37

MRN: K000629604 Account#: K32346629

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| 02:26 | DuoNeb 1 unit dose | Inhalation | | jag |
|-------|--|--------------------------|-----|------------|
| 02:38 | Follow up: Response: No Adverse I | Reaction; Tolerated well | | jag |
| 02:39 | DuoNeb 1 unit dose | Inhalation | | jag jag |
| 02:54 | Follow up: Pulse Ox 97% RA; Response: No Adverse Reaction; Respiratory status improved; Tolerated well | | | |
| 03;51 | Tylenol 1 dose ₁ | PO | | jag |
| 03:51 | Follow up: administered just prior to admission. Pediatric RN, Mary is aware and verbalizes understanding. | | jag | |

^{1 -} Note: per Lauri Davis, RN.

Intake:

Outcome:

02:58 Admit ordered by MD.

sd5

03:43 Moved to Pediatrics Room # 514, accompanied by tech, family with patient, via wheelchair, with chart, pag
Report called to Daniel, RN, using the SBAR communication method. Instructed on admit to floor admission
process Demonstrated understanding of instructions, No questions or concerns expressed to me at
discharge. All belongings were taken to the room upon admit. Medication reconcillation form provided.
Med Effects: Effects of administered medications were addressed. Oxygen use: Oxygen used on this visit.

04:08 Electronic medical record closed.

jag

Signatures:

| 0.9.12.2.001 | | | | | |
|---------------------|----|-----|------------------|----|-----|
| Davis, Laurie, RN | RN | ldd | Cook, Tara, RT | RT | tmc |
| Scriptuser, MEDHOST | | ms2 | Denham, Sean, MD | MD | sd5 |

RN

jag

Corrections:

Gaddis, Jennifer, RN

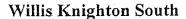
| 02:26 02:10 Oraprod 1 top PO. | jag | jag |
|--|------------------|-----|
| 03:31 03:30 Med Effects: | jag | jag |
| 03:43 03:42 Pulse Ox 09% RA; Temp 101:1F Restal; | jag - | jag |

MRN: K000629604 Account#: K32346629

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Name: Aaliyah

Print Time: 5/16/2016 09:47:37



Name: Aaliyal Age: 2 years Sex: Female DOB: 10/01/2013

Arrival Date: 05/14/2016 Arrival Time: 02:08

MRN: K000629604 Account#: K32346629

EMERGENCY DEPARTMENT HOME MEDICATION RECONCILIATION

Allergies: No known drug Allergies

| | Home Medication | Route | Dose | Frequency | Last Dose |
|---|-----------------|-----------|---------|-----------|-----------|
| 1 | Albuterol | Nebulizer | Unknown | as needed | |

Administered Madiestions.

| Time | Drug & Dose | Route | Rate | Duration | Site | Delivery | Staff |
|-------|--|---------------|------------|----------------|-----------|--------------|-------|
| | Orapred 1 tsp | PO | | | | | jag |
| 02:24 | | | | <u> </u> | | 1 | |
| 03:10 | Follow up: Response: No Adverse Reaction; Re | spiratory sta | atus impro | ved; Tolerat | ed well | | jag |
| 02:26 | DuoNeb 1 unit dose | Inhalation | | | | | jag |
| 02:38 | | | | | jag | | |
| 02:39 | DuoNeb 1 unit dose | Inhalation | | | | | jag |
| 02:54 | Follow up: Pulse Ox 97% RA; Response: No Acwell | lverse Read | tion; Resp | oiratory statu | s improve | d; Tolerated | |
| 03:51 | Tylenol 1 dose ₁ | PO | | | | | jag |
| 03:51 | Follow up: administered just prior to admission understanding. | Pediatric RI | V, Mary is | aware and v | erbalizes | | jag |

^{1 -} Note: per Lauri Davis, RN.

| Prescriptions: | | |
|----------------|-------------------|-------------|
| | Prescription | Custom Text |
| | (Nothing entered) | |

| DISCHARGE | INSTRUCTIONS |
|-------------|-----------------|
| Change Home | Meds as Follows |

BE WRITTEN ON HOSPITAL ORDER SHEET.

ALL ORDERED MEDICATIONS MUST

| | s Knighton South *ADMISSIONS* rs/Discharge Medication Reconciliation | PAGE I |
|---|--|--------|
| PREVNAR 13 (Pne | COCCAL Vaccine Protocol umococcal 13 Valent Vaccine) ster Year Round | |
| · Carte | tions (Do NOT administer) k all that apply) | |
| Patient does not meet vaccine indications b | elow | |
| Patient has received Pneumovax (Pneumococca | 1 23 Valent) vaccine within the last year | |
| Patient has received Prevnar-13 (Pneumococc | al) 13 Valent Vaccine | |
| Patient refused vaccine | | |
| Known sensitivity to previous dose of pneum | ococcal vácciné | |
| Known sensitivity to Diptheria Toxoid conta | ining vaccines | |
| Indicatio | ns (Check all that apply) | |
| 65 years of age or older AND none of the co | ntraindications above | |
| 65 years of age or older, pneumococcal vacc | ination status unknown AND none of the contraindications above | |
| | O Contraindications 13 (Pneumococcal 13 Valent Vaccine) | |
| Lot Number: | Manufacturer: | |
| Date on vaccine information sheet: | Vaccine Information Sheet (VIS) given to patient: YES N | 0 |
| Patient vaccine consent: | Patient Signature | |
| *Document: administration of vaccine on patien | t's MAR | |
| Assessment completed by Date | Time O UM Der Jaylop Printed Name | |
| Clarification (by Pharmacy) of Prevnar-13 (Pneu The patient has received Pneumovax (Pneumoco The patient has previously received Prevnar- | ccal 23 Valent) in the last year. Do NOT administer | |
| Assessment clarification completed by: Date | / Time Printed Name | |
| This is a protocol approved by Medical Staff 9/does not require a physician signature. This is Louisiana State Board of Medical Examiners posi | 2006 and revised 9/2007, 12/2010, 4/2012, 09/2013, 08/2015; there in accordance with the Law Governing the Practice of Nursing and tion statement. (LSBN, Examiner, Winter 2003) | fore |
| THIS DOCUMENT IS A PERMANENT PART OF THE MEDICA | L RECORD | |
| | Name: L Acct#: K32346629 Room/Bed: K:E5514-1 DOB: 10/01/13 Age: 2Y 07M Sex: F Weight: 29 | |

| RUN DATE: 05/14/16 RUN TIME: 1024 RUN USER: GEORGB NS | Willis Knighton South *ADMISSIONS* Discharge Orders/Discharge Medication Reconciliation | PAGE 2 |
|---|---|----------------|
| | | |
| <i>)</i> | WKHS Adult Influenza Vaccine Protocol INFLUENZA Vaccine [Quadrivalent Inactivated (killed)] Administer September - March Contraindications (Do NOT administer) (Check all that apply) | |
| Patient under age 1 | 3 years of age | |
| Vaccine not require | d (April - August) | |
| Patient previously | immunized this flu season | |
| Patient refused vac | cine | |
| History of serious | reaction to vaccine | |
| History of allergy | to eggs | |
| History of Guillain | -Barre Syndrome | |
| <u> </u> | Indications | |
| | (Check all that apply) | |
| 18 years of age or | older AND none of the contraindications above | <u></u> |
| | If NO Contraindications Administer Influenza (Quadrivalent) Vaccine | |
| | Administra initiatina (games) | |
| 0.5 mL IM | Influenza vaccine given | |
| Lot number: | Manufacturer: | |
| Doc namoer. | | |
| Date on vaccine inform | vaccine Information Sheet (VIS) given to patient: YES | s no |
| Patient vaccine conser | Patient's Signature | |
| *Document administrati | on of vaccine on patient's MAR | |
| Assessment completed by | In Pu 5/6/16 Box Amber Taylor Printed Name Printed Name | |
| This is a protocol appr does not require a phys | roved by Medical Staff 9/2006 and revised 9/2007, 12/2010, 4/2012, 09/2013, 08/2015; the signature. This is in accordance with the Law Governing the Practice of Nursing | erefore and |

Louisiana State Board of Medical Examiners position statement. (LSBN, Examiner, Winter 2003)

THIS DOCUMENT IS A PERMANENT PART OF THE MEDICAL RECORD



Name: HENDERSON

Acct#: K32346629 Room/Bed: K.E5514-1

DOB: 10/01/13 Age: 2Y 07M Sex: F Weight: 29

| RUN TIME: | 05/14/16 Willis Knighton South *ADMISSIONS* PAGE 3 1024 Discharge Orders/Discharge Medication Reconciliation GEORGB.NS | | | |
|--|--|--|--|--|
| Date of Discharge: 5/14/14 Discharge patient to: 1/1/2/2 | | | | |
| Diagnosis: Aut Alma Physical Therapy | | | | |
| Allergies | : NKDA NKDA | | | |
| | Follow-up: CPW in / week | | | |
| | Diet: be | | | |
| 1- | Vaccine Protocol: K Follow Flu/Pneumonia Vaccine Protocol Activity: Resume normal activity No driving Per physician instruction sheet No climbing stairs | | | |
| | Other: No lifting Hygiene Restrictions: Sponge bath only Shower only Tub bath only | | | |
| | IV Therapy: discharge with saline lock in place discharge with PICC line in place discharge with central line in place discharge with port access needle in place | | | |
| | Drainage devices: discharge with urinary catheter in place | | | |
| | discharge with drain in place | | | |
| | discharge with (other) in place | | | |
| OR | Complete NIHSS on discharge (WKP only) | | | |
| 2 | See physician discharge sheet (attached) | | | |
| Management of the control of the con | Name: HENDERSON L Acct#: K32346629 Room/Bed: K.E5514-1 DOB: 10/01/13 Age: 2Y 07M Sex: F Weight: 29 | | | |

amber Daylor PN 5/16/16

| | .llis Knighton South *ADMISSIONS* PAGE Orders/Discharge Medication Reconciliation |
|---|---|
| DIS | CHARGE MEDICATION RECONCILIATION |
| Continue at home? ************************************ | ###################################### |
| Yes (NO) DUONEB (IPRATROPIUM/ALBU | TEROL) 1.5 ML INH PRN .Q1H FOR WHEEZE (USE VIA INHALATION NEBULIZATION ONLY!) |
| Yes No TYLENOL (ACETAMINOPHEN) | 04-6 pm Lhuze PO PRN .Q6H 200 MG (6.25 ML) FOR TEMP > 100.4-F |
| Change: | (DO NOT EXCEED 4,000 MG/24HRS!) |
| ADDITIONAL MEDICATIONS (NEW MEDICATIONS) Orapid (III) Inc | PO Q12 x 3drp |
| Physician Signature: Signature certifies the above discharge orde | 2949 Pate: 5/14/19 Time: 1245pm Par and discharge medications |
| | |
| Physician Signature:(Signature only needed if clarifications | Date: Time: |
| E INDICATO NACE TRANS TRANS CON RELIGIO DE PROPER CARRO DE LA TRANS | Name: L Acct#: K32346629 |

Acct#: K32346629 Room/Bed: K.E5514-1

DOB: 10/01/13 Age: 2Y 07M Sex: F Weight: 29

amber Dayloren 5/16/16 1303 -

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 176 of 331 PageID #: 885 Page 1270 of 1758







RUN DATE: 05/14/16 Willis Knighton South *ADMISSIONS* PAGE 5
RUN TIME: 1024 Discharge Orders/Discharge Medication Reconciliation

Home Medications NOT An Order

For Information/Comparison Only

ALBUTEROL .5 UD HHN Q 4-6 HR PRN

Name:

Acct#: K32346629 Room/Bed: K.E5514-1

DOB: 10/01/13 Age: 2Y 07M Sex: F Weight: 29



| | Date Ordered | Time Ordered | Orders |
|-----|--|---|---|
| Š | 5/5/16 | 10350- | Cart wine: UA microscopy, culture in cons |
| | | a A A A A A A A A A A A A A A A A A A A | CBC manual diff, Bompia American |
| | | 200 | (MG): 2971- |
| | | | Ja 5-15-16 1050 Rocky Conge Ad |
| | and the same property and the same and the s | <u> </u> | |
| 5 | 5/15/16 | 12.50 | |
| | | | change Answern 2.5mg who Q4hr \$15110 |
| | parameter section of the section of | | EMU An |
| | *************************************** | | Vd5-15-16 1300 Becky Cooge And |
| | | | |
| | 2161(| e 203 | may leave IV out for now- |
| | ······ | | AN IV Solumedral to Prefore 15mg |
| | | | D X D D D D D D D D D D D D D D D D D D |
| | | | TOV Dr Motriaro-Lim/Tamy Storcy KU |
| | | | 511517 2030 Tammy HOLLY K) S.M 2849 |
| | | | 5/16/16 Pm |
| | -311 | | (7000 - 1 NO 1 O 1 O 1 O 1 O 1 O 1 O 1 |
| نہے | H | unart | Jumpy Stolly RU Specific USU |
| 12 | 16-16 | 1045 | A to inpatient admit status |
| - | | | TOV Dr. Tran / JRui loba PN JANY |
| | | | -Noted Jewilder PN 5-16-14 @1045 - 12m |
| | Prohibited | Abbreviation: | Please Use: Prohibited Abbreviation Please Use: |
| | IU MgS04 | | international unit. q.o.d. or QOD every other day unit unit |
| | MS MS04 QD or qd | | morphine sulfate Trailing zero (x.0 mg) Never write a decimal point (X mg) morphine sulfate Lack of leading zero (x mg) Always use a zero before a decimal point (O:x mg) daily |
| | | ee Approved | Blank Order Form - Must be Hand Written |



Printed: 05/14/2016

PO193_1 Revised 07/25/2013 Committee Approved 07/31/2013 Page 1 of 1



F

Greg Oji K32346629 05/14/2016 K.E5514 1



| Date Ordered | Time Ordered | Orders | |
|---------------------------------------|---------------------------------------|--|--|
| 5114116 | 12.40pm | ·Albutera 2.5mg nebs | Q3 m Million |
| · · · · · · · · · · · · · · · · · · · | | 16-ames 15mg PD D | 1 12hm /6/14/10 MM |
| , | | Mesh wird panel | / SMU1 2971 |
| | بمطلت والإوجهدات | Desprised iting PD D Desprised panel Abovent O. Sing news QGV | wx 1 day. |
| | | | |
| | | Vd 5-14-16 1310 Beaky 1 | teorie il |
| | - | | |
| 8/14/16 | 3pm. | New 15mg in 912 | × 10082 NGN |
| | | Men 15mg 10 972 | · hv |
| | · · · · · · · · · · · · · · · · · · · | AIC Grames. | |
| | ablygen over a life between | 15-12 WS WIN ZOME | KUL (a) SSM/hr |
| | | Rocephi 700ng JCBC norward SIJ, B | iv Q24mFg |
| | - | JCBC manual SIF. B | mp, uf Tigg |
| | | Charle Veny | Mg. 297). |
| | | 1 | |
| | | V'd 5-14-16 1520 Beck/ Gan | Je Med Te |
| | | | 73.18 |
| 5/1414 | 4:43pm | Magnesium Enfate 63 | m (Ram) in Smot 29h |
| | | Mont, may, thos in H | m (gam) many sullon and |
| | | 11 = 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Duckshited | Abbreviation: | Please Use: Prohibited Abbreviation | Please Use: |
| IU | Appreviation. | international unit q.o.d. or QOD magnesium sulfate U or u | every other day unit |
| MgS04 MS MS04 | | morphine sulfate Trailing zero (x.0 mg) Lack of leading zero (.x mg) | Never write a decimal point (X mg) Always use a zero before a decimal point (O.x mg) |
| QD or qd Committe | ee Approve | daily I Blank Order Form – Must be Hand Written | |
| | l a ma | <u>.</u> | 1/11/1 22212 |

PO193_1 Revised 07/25/2013 Committee Approved 07/31/2013 Page 1 of 1

002Y 07M

Printed: 05/14/2016

10/01/2013

Greg Oji K32346629 05/14/2016 K.E5514.1

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 179 of 3317 Page D #:

| EMERGENCY DEPARTMENT TEMPORARY ORDERS (Jenders |
|---|
| Date/Time 5/14/16 Level of service: Inpatient admission (expected to stay 2 midnights) Observation |
| |
| Critical Care PICU |
| 2. Diagnosis: Brockie (4:5) 3. Allergies (Including Food): NKDA |
| |
| 4. Condition: Good Fair Poor |
| 5. Vitals: Floor routine with BP every; Weigh on admission and daily |
| ☐ Urinary catheter/HOUDINI protocol; I & O every hr; ☐ Neurological checks every hr for hr |
| 6. NPO/Diet: |
| 7. Activity: Ad lib Bed rest with bathroom privileges / Up with assistance / Complete bed rest |
| 8. Lab/X−Ray: ☐ Bedside glucose, do not confirm; call MD if greater than 350 mg/dL or less than 70 mg/dL |
| ☐ EKG & Troponin every 6 hours times 2 - reason for exam: |
| 1 |
| 1.000 /130 |
| 9. MEDS: Oxygen via Nasal Cannula 2L/min A Oxygen protocol Other Oxygen Via Nasal Cannula 2L/min A Oxygen protocol |
| 21.11. |
| UND nell 8.5 00 MMD Q1° |
| Aug |
| Wency |
| arting? |
| - Cont Julse ox reeky |
| - Cont for a privace |
| |
| THE WORLD DI BILL |
| 700 10 0,000 10 000 |
| - Sectionally orders |
| - 11 12 14 10 Q60 A |
| - Tylerol 18-1/kg 10 000 de |
| 7)0,4 |
| 10. SALINE LOCK / IV FLUIDS: |
| |
| 11. OTHER: |
| 12. CONSULT Dr |
| 13. Complete care is turned over to Dr on patient's admission to the hospital. Notify him/her STAT or at of admission/arrival and STAT for any problems or concerns. |
| No. 1 A |
| Spoke to: Physician Signature Printed Name or Dictation # |
| |
| Notig 134. Donnie than EM-5/19/1 0530 |
| PO2675_1 |
| Revised 01/07/2015 Committee Approved 03/13/2015 |
| Page 1 of 1 10/01/13 2V 07M |
| Denham, Sean C M.D. K32346629 05/14/16 |
| 10/11/10 |

Page 1274 of 1758

| WILLIS-KNIGHTON HEALTH SYSTEM Pediatric Hospitalist Progress Note |
|--|
| Date: 5/15/16 Time: 4 pm Name: Henderson Adligation |
| Interval History: Resting in bed chair crib No new problems/complaints Other Chib is Toreatting with 1811 FATTY has good 10 The Law toreating your air |
| Meds Reviewed Remarks |
| ☑ Discussed Assessment/Plan with □ patient ☑ family at ☑ bedside □ per phone |
| ROS; ☑ 10 systems reviewed otherwise Negative Positive: |
| Interval Physical Exam: Vitals: temp 98.7 HR 122 RR 22 02 sat 1001. INCOL General: DWell-hydrated DWN DNAD Nontoxic Remarks Second State of Control of |
| General: ☐ Well-hydrated ☐ WN ☐ NAD ☐ Nontoxic ☐ Remarks |
| □ No rhinorrhea/congestion □ Nasal flaring □ Tempanic membranes normal bil □ Oral mucosa moist □ Pharynx normal □ Remarks |
| Neck: ☐ Normal ☐ Supple ☐ No rigidity ☐ Adenopathy ☐ Masses ☐ Jugular vein distention ☐ Remarks |
| Heart: ☐ Normal ☐ S1S2 normal ☐ RRR ☐ Murmur ☐ Remarks |
| Lungs: ☐ Normal ☐ CTA bil ☐ Unlabored Air movement: ☐ Good ☐ Fair ☐ Poor ☐ Unlabored ☐ Rales ☐ Rhonchi |
| ☑Wheeze (end expiratory/inspiratory) ☐ Crackles ☑ Retractions ☐ Stridor ☐ Remarks |
| Abdomen: ☐ Normal ☐ Soft ☐ Non-tender ☐ Non-distended ☐ Normal active bowel sounds ☐ Hepatosplenomegaly |
| ☐ Masses ☐ Remarks ☐ Cyanosis ☐ Capillary refill less than 2 seconds ☐ Edema ☐ ☐ Pulses |
| Remarks |
| Musculoskelatal:□ Normal ☑ Joints full ROM □Pain □ Contractures □ Weakness □ Remarks |
| Skin: P Normal |
| Neura: □ Normal/nonfocal □ Warm/dry □ Awake Pl Alert □ Oriented □ Times 3 □ Irritable □ Sedated □ CN 2-12 intact |
| Remarks Global Developmental Oclay |
| Lab: |
| |
| Alk/Phos Lymphs |
| |
| other: Mrs 24 Phos 4.6 |
| |
| |
| Impression: 2 46x 010 Female Plans See orders Continue medical management |
| With A Cite as Illina Recommendations per consultants: |
| Exactive an on mile policy labs 02, Respiratory Therapy |
| |
| Continue therapy/Rehab [] Nutrition support |
| after was softened of a Continue serapy reliable in a continue serapy in |
| Colles suches Kyo is as child has quo 100 |
| SVILLE SIGH Tow. whate Albert news Q'4. |
| Physician Signature Date/Time up had 3+ LE' Get (ath |
| Sharon Tran, M.D. (2944) Greg Oji, M.D. (2977) |
| will many continue parthing for |
| material ear infection. |
| PN650 1 PN0005 |

Devised 05/01/2015 Committee Approved 05/11/2015 Page 1 of 1



10/01/13 2Y 07M 0ji, Greg M M.D. K32346629

K.E5514 05/14/16

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Willis-Knighton South 2510 Bert Kouns Industrial Loop Shreveport, LA 71108

Patient Name: 6

K32346629 Adm No: DOB: 10/01/2013

Age:

2Y F

Corp ID:

000001116206

MRN:

1116206

Location:

Inpatient - S5E-K.E551

Ord No: 90006 WKS Hospital:

Ordering Dr. SEAN CHRISTOPHER DENHAM

Final Report

CC:

Admitting Diagnosis: BRONCHIOLITIS Reason For Exam: Cold Symptoms Procedure Date: 05/14/2016 Procedure: SXR - XR, chest 1 view

Interpretive Location: ZAMANI Accession Number: 3187836

CPT Code: 71010

IMPRESSION: Normal Portable Chest.

RESULT: XR, chest 1 view

Clinical Information: Cold Symptoms

Comparison: None

Findings: Heart size and contour are normal for portable technique. The lungs are clear and no infiltrate, mass, pleural effusion or pneumothorax demonstrated. No significant skeletal abnormality is noted.

Electronically Signed by: RAMIN ZAMANI M.D. on May 14 2016 6:27A

Techs: Tara M Cook Additional Staff:

Read by: RAMIN ZAMANI M.D. on May 14 2016 6:26A

Electronically Signed by: RAMIN ZAMANI M.D. on May 14 2016 6:27A

Printed: May 14 2016 6:30AM

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Willis-Knighton South Nursing **LIVE** Vital Signs / I&O / Diabetic Flowsheet

Page: 1

(K000629604)

Age/Sex: 2Y 07M F Room: 5ES K E5514 1 (Admitted 05/14/16)

96 hours from May 12, 2016 0701 to May 16, 2016 0700 Printed 05/16/16 at 0444 by STORET NS

| Vital Signs | | | | | | | | | 41.65 | 111.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | C) 00: |
|---|-------------------|----------------------------|-------|-----|----------------|------|------------------------------|---------------------|------------|--|------------------------------|
| Date-Time | B/P | BP Pos | Pulse | _RR | HR Src | Temp | Temp Src | Weight | (LB) | Weight (OZ) | SA02: |
| 05/14/16 0400 | 133/72 | Lying | 182 | 42 | (0) | 99.9 | Temporal : | | a pa | | 93 |
| 05/14/16 0409 | | | | | | | r - La era cercular e 275 Pi | 29 | 16.1.1 | 15.725872 | nis vas albiantiskās notuves |
| 05/14/16 0436 | 133/72 | lyina | 182 | 42 | Machine | 99.9 | Tempora1 | | | | |
| 05/14/16 0600 | 100772 | -55 | | | | 97.8 | Axillary | | | A A A A A A A A A A A A A A A A A A A | 96 |
| 05/14/16 0730 | i ki u meniki | kowyn Woasa | 171 | 26 | Machine | 98.3 | Axillary | NACTOR. | | | 98 |
| 05/14/16 1200 | | | 179 | 34 | Machine | 98.4 | Axillary | | | | 96 99 |
| 05/14/16 1600 | opije Oktobertaji | | 152 | 30 | Machine | 99.2 | Axillary | 20 生物形 | 1. 150.0 | | |
| 05/14/16 1920 | DEPARTMENTS | tankan a takak a sa a sa s | 143 | 32 | Machine | 97.5 | Axillary | | | | 99 |
| A CONTRACTOR OF THE STATE OF THE ACCOUNT. | | STYS Harrisoft | 152 | 30 | Machine | 99 1 | Axillary | Palara da | | | 95 |
| 05/14/16 2333 | Barrier Strategie | Sami sanje izao | | 28 | Machine | 98.1 | Axillary | | | | 98 |
| 05/15/16 0345 | \$440000000 | e sitteme en Exercice | 130 | 20 | Machine | 98.7 | Axillary | 9988 90E | ART. | harring and | 98 100 |
| 05/15/16 0730 | (4)00 (20% (1)00) | | 122 | 22 | | 98.2 | Axillary | iga na ang | | | 99 |
| 05/15/16 1600 | | gung in trekt bida ski | 123 | 24 | Machine | 97.3 | | | | | lioo |
| | M-Madir | ∤ 214 1 1618489 | 121 | 24 | 1995 1998 BATT | | 1 | May year or willing | | | 97 |
| 05/15/16 2351 | Jan Branning | State Source | 112 | 24 | Machine | 97.3 | Temporal | WERSES HER | ત્રા ફા જો | Kerra Salaak | 96 |
| 05/16/16 0406 | | | 104 | 24 | 41-9843334444 | 97.4 | Temporal | Medici (3 - 9) | <u> </u> | 1 | 1.20 |

| | 05/14/16 1900 | 05/15/16 0700 | ì | 1 | 05/16/16 0700 | *24 hr* |
|---------------------------|---------------------|--|-----------|---|------------------|------------|
| Intake (ml) ORAL: Not H20 | | 480 | 600 | | 120 | 720 435 |
| IV: IVPB: | <i>100</i> 220 | <i>660</i> <i>5</i> 114 5 | 5 1365 | <i>435</i> <i>50</i> 1 085 | 120 | 50 1205 |
| Output (ml) Void X NM: | | 5 | | | | |
| Stool X: | 1 | 1 // | 1 | 1 () | 120 | 1 |

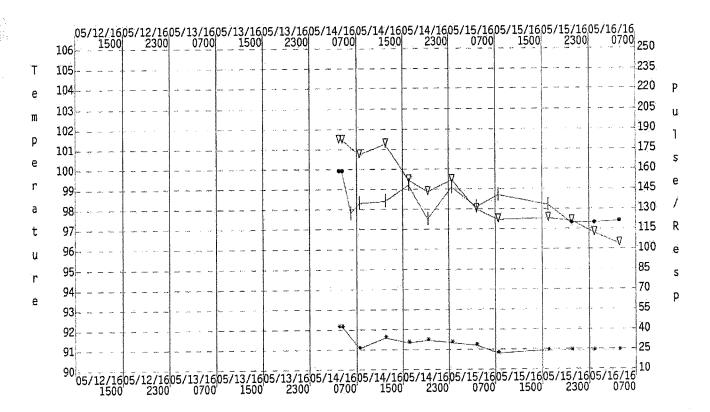
Willis-Knighton South Nursing **LIVE** Vital Signs / I&O / Diabetic Flowsheet Page: 2

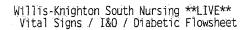
L (K000629604)

96 hours from May 12. 2016 0701 to May 16. 2016 0700 Printed 05/16/16 at 0444 by STORET NS

Age/Sex: 2Y 07M F Room: 5ES K E5514 1 (Admitted 05/14/16)

o O/Orally | A/Axillary 10 Off graph * Resp. Rate: V Heart Rate: X / Δ T/Tympanic • R/Rectal/No Response.





Page: 1

(K000629604)

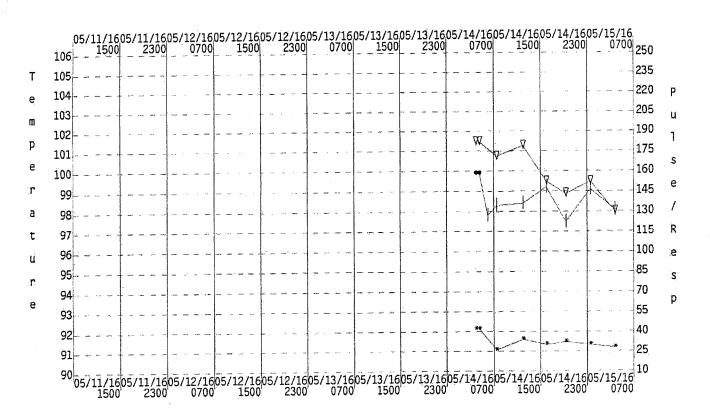
Age/Sex: 2Y 07M F Room: 5ES K E5514 1 (Admitted 05/14/16)

96 hours from May 11, 2016 0701 to May 15, 2016 0700 Printed 05/15/16 at 0613 by THOMAC7 NS

| Vital Signs Date-Time | B/P | BP Pos | Pulse | RR | HR Src | Temp | Temp Src | Weight | (LB) | Weight (C |)Z) SA02: |
|-----------------------|---------------|--------|-------|----|---------|--------------|-------------------------------|-------------------|------------|--------------------|-------------|
| 05/14/16 0400 | 133/72 | Lying | 182 | 42 | (^) | 99.9 | | | | | 93 |
| 05/14/16 0409 | | . • | | | | | ron e conseilance e campate : | 29 | | 15.725872 | |
| 05/14/16 0436 | 133/72 | Lying | 182 | 42 | Machine | 99.9 | | | 9 H. X | inan Nasian | |
| 05/14/16 0600 | | · · | | | | 97.8 | Axillary | | | | 96 98 |
| 05/14/16 0730 | 夏风水沙 林 | | 171 | 26 | Machine | 98.3 | | | | | 1 5 6 |
| 05/14/16 1200 | | | 179 | 34 | Machine | 98.4 99.2 | Axillary | Acres de la Maria | service. | ra naskata a sa ka | 96 99 |
| 05/14/16 1600 | | | 152 | 30 | Machine | | | hande. | PHALE | | 99 |
| 05/14/16 1920 | | | 143 | 32 | Machine | 97.5 | Axillary | e igne e Areen o | | land and the said | 99 95 |
| 05/14/16 2333 | | | 152 | 30 | Machine | | | RHE | CS 12 14 1 | Section 1 | |
| 05/15/16 0345 | 1 | | 130 | 28 | Machine | 98.1 | Axillary | | | <u> </u> | <u> 198</u> |

| Intake & Output | | | | T : | Line de la | r |
|---------------------------|----------------------------|---------------------------|-----------------------------|-------------------------------|--|--------------------|
| Period: 12.00 | 05/13/16 | 05/14/16 | i | | 05/15/16 | |
| Hrs Ending | 1900 | 0700 | *24 hr* | 1900 | 0700 | *24 br* |
| Intake (ml) | | | Antonio i interio esse | lamaniner erren. | 480 | 600 |
| ORAL: Not H20 | | dastangii 13 | | 120 | 480 | 760 |
| IV; IVPB: | sweetens in our substitute | Property of the State | 250 to 862 to 5 15.758 | 100 | 00U | 5 |
| IVPBi | | | Table Section 12 (1997) and | 220 | 1145 | 1365 |
| Total Intake | <u> </u> | | | 220 | 1140 | 1303 |
| Output (ml) | S. A or Extra associated. | liji gadajiha nageraje ne | lias bost to crease | Landieli Versaare | BE 2010 - 10 | WAS SAME FOR STATE |
| Void X NM: | | ASSESSED VERSEN | | TOTAL PART OF THE PART OF THE | 0 | |
| Stool X: Fluid Balance | lari, mas Jaka i apawa | DARGARAN PRINCIPLES | lawout treaters w | 220 | 11/15 | 1365 |
| Fluid Balance | The contraction of the | 48. 39.16.3.131.21 | | 1 220 | 1.7740 | 1.7202 |

o O/Orally | A/Axillary X / * Resp. Rate: ∇ Heart Rate: Δ T/Tympanic • R/Rectal/No Response ↓↑ Off graph



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Willis-Knighton South Nursing **LIVE** Vital Signs / 1&O / Drabetic Flowsheet

Page: 1

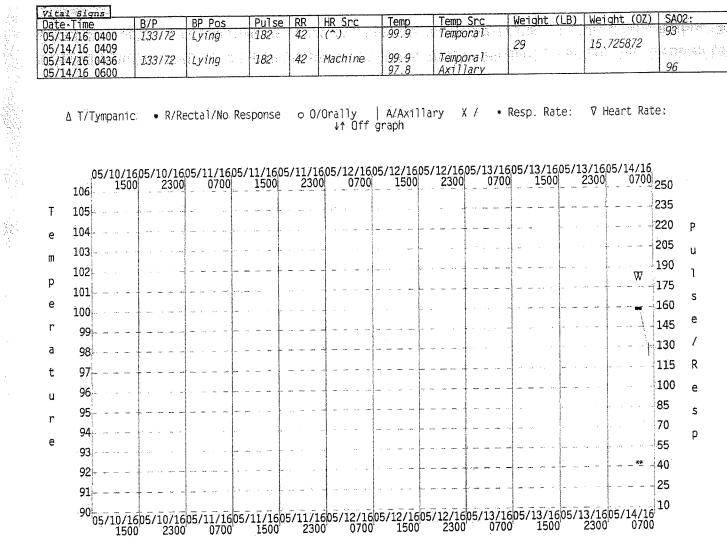
00629604)

Age/Sex: 2Y 07M F Room: 5ES K.E5514.1 (Admitted 05/14/16)

96 hours from May 10. 2016 0701 to May 14. 2016 0700 Printed 05714/16 at 0648 by MULLEN NS

| Vital Signs | | | | | | | | | | 1 | T 0100 |
|---------------|-----------|--------|-------|----|--------------|------|----------|--------|------|-------------|--------------------------|
| Date-Time | B/P | BP Pos | Pulse | RR | HR Src | Temp | Temp Src | Weight | (LB) | Weight (OZ) | SA02: |
| | 133/72 | Lvina | 182 | 42 | (\uparrow) | 99.9 | Temporal | | : . | | 93 |
| 05/14/16 0409 | . 2007 | -03 | | ĺ | | | • | 29 | | 15.725872 | والمحافر الأعاريم ومدارا |
| 05/14/16 0436 | 133/72 | Ivino | 182 | 42 | Machine | 99.9 | Temporal | ilia. | - M. | 1991 | |
| 05/14/16 0600 | . 20017.2 | | | 1 | | 97.8 | Axillary | | | | 96 |

• R/Rectal/No Response o O/Orally | A/Axillary X / V Heart Rate: * Resp. Rate: Δ T/Tympanic: ↓↑ Off graph



RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM

Laboratory System *Live* WKS Discharge Summary Report

PAGE 1

LOCATION

| PATIENT: REG DR: Oji, Greg | L м м.D. | ACCT #: K32346629 AGE/SX: 2Y 07M/F STATUS: DIS IN | LOC: 5ES ROOM: K.E5514 BED: 1 | U #: K000629604 REG: 05/14/16 DIS: 05/16/16 |
|---|--|---|--|---|
| | | URINALYSIS | | |
| Day Date Time | 2 1 MAY 15 MAY 14 1600 1940 | | Reference | Units |
| => Blood => Bilirubin => Urobilinogen => Ketones => Glucose => Protein => Nitrite => Leukocytes => pH, Urine => Spec Gravity => Color => Appearance => Ascorbic Acid => RBCs, Urine => WBCs, Urine => Bacteria, Urine | 2+ H (a) (b) (c) (d) (e) (f) (g) (h) 2+ H (i) (j) (k) (l) (m) 3+ H 7.0 6.0 1.005 1.009 (n) (o) Clear (p) H (q) (r) 0-3 0-4 (s) | | (Negative) (Negative) (Negative) (Negative) (Negative) (5.0-8.0) (1.003-1.035) (Yellow) (Clear) (Negative) (0-3) | mg/dL mg/dL /hpf /hpf /hpf |
| => Squamous Epis NOTES: (a) Negat (b) Negat (c) Negat (d) Negat (e) Negat (f) Negat (f) Negat (g) Negat (h) Negat (i) Negat (j) Negat (k) Negat (l) Negat (n) Color (o) Yello (p) Sligh (q) Negat (r) Negat (s) None | ive | | (<=Trace) | /hpf |
| | L | Age/Sex; 2Y 07M/F | * | Unit#K000629604 |

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM

Laboratory System *Live* WKS Discharge Summary Report PAGE 2

LOCATION

| Patient: | L | | #K32346629 | (Continued) | |
|---|--------|--------------------------------------|------------------------------|-------------|--------|
| | | G. | CHEMISTRY ENERAL CHEMISTR | .V | |
| | | <u> </u> | BNEATHWEILDIE | | |
| Day | 3 | 2 | 1 | | |
| Date | MAY 16 | MAY 15 | MAY 14 | | |
| Time | 0715 | 0810 | 1606 | Reference | Units |
| | | | | | |
| => Glucose | 94(t) | ************************************ | 99(t) | (70-109) | mg/dL |
| => Potassium | 5.1 | 5.2 H | 4.4 | (3.5-5.1) | mmol/L |
| => Sodium | 141 | 141 | 140 | (136-145) | mmol/L |
| => Chloride | 110 H | 110 H | 106 | (98-107) | mmol/L |
| => CO2 | 21 | 24 | 24 | (21-32) | mmol/L |
| => BUN | 5 L | 4 #L | 11 | (7-18) | mg/dL |
| => Creatinine | 0,30 | 0.21 | 0.34 | | mg/dL |
| => Calcium | 10.0 | 9.3 | 9.4 | (8.5-10.1) | mg/dL |
| => Phosphorus | 1, | 4.6 | | (4.3-5.4) | mg/dL |
| | i 1 | 2.4 | 1 ⋮ | (1.8-2.4) | mg/dL |
| _ | 10.0 | 7.0 | 10.0 | (5.0-15.0) | mmol/L |
| => Phospholus => Magnesium => Anion Gap | 10.0 | | 10.0 | (1.8-2.4) | mg/dL |

NOTES: (t) Glucose Reference Ranges:

Fasting Glucose Level: 70-109 mg/dL Impaired Fasting Glucose: 110-125 mg/dL

Defined by the ADA as a category at risk for future diabetes and cardiovascular disease.

The American Diabetes Association (ADA) recommends the following criteria for the diagnosis of diabetes: Abnormal Fasting Glucose: >=126 mg/dL

Symptoms of diabetes and a random glucose: >=200 mg/dL

(u) lll H See also (t)

> Age/Sex: 2Y 07M/F Acct#K32346629 Unit#K000629604

Patient:

RUN DATE: 10/01/19 RUN TIME: 1347

Laboratory System *Live* WKS Discharge Summary Report

RUN USER: PARRM.HM

PAGE 3

LOCATION

| atient: | I. | #K32346629 | (Continued) | |
|-----------------------------|--------------------|--|--------------------|--|
| | | HEMATOLOGY | 1 744 | |
| Day | 3 1 | | | <u> </u> |
| Date | MAY 16 MAY | 14 | | |
| Time | 0715 160 | | Reference | Units |
| > White Blood Cel | 9.8 # .20.0 | н | (5.0-12.0) | 10 ^ 9/L |
| > Red Blood Cell | 5.31 8 5.23 | | (4.1-5.1) | 10 ⁶ /uL |
| > Hemoglobin | 12.0 11.8 | ###################################### | (11.0-14.0) | g/dL |
| | 38.5 | | (33.0-42.0) | 8 |
| | 72.4 L 71.0 | | (74.0-89.0) | fL |
| | 22.6 L 22.5 | | (27.1-34.2) | pg |
| > MCH | 31,2 L 31.7 | | (33.0-35.6) | g/dL |
| MCHC | 16.9 H 16.6 | | (12.0-14.5) | % |
| > RDW | pr | D | (130~351) | 10^3/uL |
| Platelet Count | | | (6.6-10.2) | fL |
| Mean Plt Volume | 1 | 1 | (Not Estab.) | % 11 |
| Neutrophils | 79.8 93.1 | , | (Not Estab.) | 90 |
| Lymphocytes | 16.5 2.3 | | (3-10) | · 임 |
| Monocytes | 2.5 L 4.4 | | (0.0-8.0) | 96 |
| Eosinophils | 0.5 0.1 | | | 90 |
| Basophils | 0.7 0.1 | | (0.0-3.0) | 10^3/uL |
| Neutrophils # | 7.8 18.6 | | (Not Estab.) | The state of the s |
| Lymphocytes # | 1.6 0.5 | | (Not Estab.) | 10 ⁹ /L |
| Monocytes # | 0.2 0.9 | | (Not Estab.) | 10 ³ /uL |
| Eosinophils # | 0.0 0.0 | | (Not Estab.) | 10 ³ /uL |
| > Basophils # | 0.1 0.0 | | (Not Estab.) | 10 ³ /uL |
| Segmented Neut | 77 92 | | (Not Estab.) | 8 |
| Lymphocytes | 20 4 | | (Not Estab.) | % |
| > Monocytes | 3 L 4 | | (3-10) | 90 |
| Basophils | 1 2 | , | (0-3) | 5 |
| - Hypochromic | 1+ 1+ | | (NORMAL) | |
| Microcytosis | 1+1+ | | (NORMAL) | |
| Plt Estimate | (w) (v) | | (NORMAL) | |
| mng /\ NOTING | т | | | |
| TES: (v) NORMA (w) NORMA | | | | |
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| | | | | |
| tient: | L | Age/Sex: 2Y 07N | 1/F Acct#K32346629 | Unit#K0006296 |

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM Laboratory System *Live*
WKS Discharge Summary Report

PAGE 4

LOCATION

| Patient: | L | #K32346629 | (Continued) | |
|---|---|-------------------|--|-----------------|
| | Vir | al Respiratory Pa | nel | |
| Day | 1 | | • | |
| | AY 14 | | Reference | Units |
| Time | 1345 | | Reference | |
| => Adenovirus PCR () => Coronaviru 229E () | b) c) d) f) g) h) i) j) k) | | | |
| TOTES: (x) Not Detec (y) Not Detec (z) Not Detec (aa) Not Detec (ab) Not Detec (ac) Not Detec (ac) Not Detec (ad) Detected See also | ted ted ted ted ted ted | | | |
| followed | up using an alt es if clinicall ted | | esult should be differentiate these | |
| Patient: | L | Age/Sex: 2Y 07 | M/F Acct #K32346629 | Unit#K000629604 |

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 190 of 331 PageID #: 899 Page 1284 of 1758

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM Laboratory System *Live*
WKS Discharge Summary Report

PAGE 5

LOCATION

#K32346629 (Continued) L Viral Respiratory Panel Continued 1 Day Date MAY 14 Reference Units 1345 Time (Not Detect) => Mycoplas pneumo (ao) NOTES: (ao) Not Detected See also (ap) (ap) Note: Methodology: FDA approved multiplex nested real time Performed by: University Health Shreveport Virology Lab 1541 Kings Hwy.

Shreveport, LA 71103-3932

Patient: Age/Sex: 2Y 07M/F Acct#K32346629 Unit#K000629604

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 191 of a 3212 Page 19: 900

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM Laboratory System *Live*
WKS Discharge Summary Report

PAGE 6

LOCATION

| Patient: | | L | #K32346629 | (Continued) | |
|--------------|-------|---|---|---|-----------------|
| | | | PCR TESTS | | |
| Day | • • • | 1 | | | |
| Date Time | | MAY 14 0247 | · · · · · · · · · · · · · · · · · · | Reference | Units |
| => RSV b | | (ag) (ag) | | (Negative) | |
| Source: | Urin | 9 | | | |
| > Cultur | e, U | rine | Final 05/17/16 NO GROWTH AT 2 | DAYS | |
| NOTES: | (aq) | Negative | | | |
| | _ | See also (ar) NEGATIVE test results should not be used as patient management de occur if virus is pre | s do not preclude RSV is the sole basis for trecisions. False negations to the virus mutates in | eatment or other ve results may he analytical | |
| | (as) | See Below See also (at) | | | |
| | (at) | The results of this a | assay should be interprer laboratory and clini | eted in | |
| | | conjunction with other | st laboratory and crim | ducu. | |
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| | | | | | |
| Patient: | | L | Age/Sex: 2Y 07M/ | F Acct#K32346629 | Unit#K000629604 |

| Page 1 Printed 10/01/19 at 1352 | SIS | and the formation of th | <u> </u> | (f) | n | B | | A. | e e | a A | A | A | A. F | | A.A | Ð | | U | | G. | - | Ð | | | | | • | | | | | | | | | - | | | |
|---|------------------------|--|---|---------------------|---------------------|--|-----|-------------------------|-------------------------|---|----------------------|------|---------------------|-------------------------|--------------|----------------------------|---|-------------------|--|------------------------------------|--------------------------------|---------------------------------------|---------------------------------------|--|--|-----|---|---------------------------------|--|----------------------------|-------------------------------|---|--------------------------------------|-------------------------------------|-------------------------------------|------------------------|------------------------|------------------------------------|--------------------------------|
| Status: Discrarged Initiated: 05/14/16 Completed: Protocol: | DATE & TIME DIRECTIONS | | | 81'90 8030 91/51/40 | 05/24/16 0403 06,18 | 05/14/16 C403 Q4H | | 05/14/16 0403 MEALITMES | C5/14/16 04C3 MEALTINES | | VIIWI 80409 91/41/30 | 0403 | 05/14/16 C403 D411Y | CECIEN SQ E020 91/81/50 | 0403 ENTEN | | | C5/14/16 04C3 Q2H | | 05/14/16 0403 AS NEEDED | | 05/74/16 CC00 QZH | | - | | | | | | | | | | | - , | | | | |
| | IN BY CON? BY | | 05/14/16 143 | C5/24/76 NS | 05/14/26 NH | HA 91/75/50 | | 05/24/26 NEF | | EV 97/51/50 | 05/14/26 NE | | | 05/14/10 M3: | HW 97/51/50. | 05/14/16 MH | ALVANOR DE LA COMPANION DE LA | 05/14/16 XH | Andready and the second | 05/14/26 MH : | | 05/14/16 CT | | | | | | | | | | | | | | _ | | | |
| Willis-Knighton South Nursing **LINE** Particut's Plan Of Care - PEDIATRIC BASIC PLAN OF CARE | TALEAVEATIONS | | * Reassesment/Evaluation - Peddatrics Direction ->C7.19 Document when done | * Intake | * Output | LOCULARION OF ANY OF ANY OFFICE AND TONION | EN. | | Formula Prep | <pre>* reed formula ref raminy of stair * Bath, Total Bed - Toddler</pre> | - PROIDCOL: BACHCOMP | | * Clergy Visits | * riysician roums | | * Critical Value Reporting | | * Safety Crecks | | * Parient Education | | * High Fall Risk Intervention | Pr. and, as needed, their family, are | educated or the fall reduction program | strategies, including, but not limited | to. | 1. MEDICATION REVIEW (vasoactive drugs, | antipsychotics, antihistamines, | 2. USE CORRECTIVE LENSES, if applicable. | 3. ASSIST WITH AVBULATION. | 4. OFFER BATHROOM ASSISTANCE. | 6. CLOSELY OBSERVE DISCRIENTED PATTENTS | 7. ENSURE ADEQUATE LIGHTING AT NIGHT | 8. USB PROTECTIVE/ASSISTIVE DEVICES | 9. EDUCATE FANCIN TO REINFORCE FALL | PREVENTION STRATEGIES. | ASSISTANCE OUT OF BED. | TILL ENSURE PATTENT CARE ITEMS ARE | 12. KEEP ROOM FREE OF CLUTTER. |
| X M.D. | TATE BY | D 05/14/16 YE 05/17/16 | | | | | | | | | | | | **** | n, et | 000000 | 2 05/14/16 X3 05/17/16 | | D 05/14/16 MH | | ⊃ 05/24/16 CT | · · · · · · · · · · · · · · · · · · · | . — | | | | | | | | | | | | - | | | | |
| Attending: Account #: Location: Room/Bed: | | Care 11 be provided. | | | | | | | | | | ••• | | **** | | | L FOR | 1 | | will verbalize of Diagnosis and | PATTENT AT HIGH RISK FOR FALLS | | | | | | | | | | | | | | | | | | 7 |
| Age/Sex: 4Y 04X F Unit f: KGC0629609 Admitted: 05/14/16 at 0328 Status: DIS IN | | Basic Projetric Nursing * Basic nursing care wil | | | | | | | | | | | | | | | INJURY, FOLENILAL | | KNOW EDGE DEFIC | Treatment | PATTENT AT ED | יא: יא: יא | | | | | | | | | | | | | | | | | |

Page 2 Princed 10/01/19 at 1352

Sratus: Discharged Emitiated: 05/14/16 Completed: Protocol:

000 888 STS SEC

HEXCHASON, AMENDAH I

Attending: 0;;, Greg X X.D.
Accourt #: K32346629
Location: 5ES
Room/Bed: K.E5514-1

Age/Sex: 4% 04% F P Unit 4: x000629604 P Admitted: 05/14/16 at 0328 Status: 215 IX

Willis-Knighton South Nursing **INE**
Pation: ** Plan Of Care - FEDIATRIC BASIC FLAN OF CARE

DATE & TOC DIRECTIONS

105/14/16 0436 ADVIT

105/14/16 1706 Q2H

105/16/16 1255 AT TIME OF DISCHARGE COXP BY 05/14/16 CT 05/14/16 BG 05/16/16 AST Name Type * * * * ATTACA NO TANA NA SER SERVA NA TANA NA SER SERVA NA TANA NA SERVA NA TANA NA SERVA N ADDITIONAL NIGHVENTIONS
* Pediatric Admit Assessment
* IV Site #1 Check/Care
* Discharge Summary 2 Ped

Monogran AST 36 CT CT

| | | | | | | | 903 | ۱۵ | ge 1200 01 1700 |
|---|-------------------------------|--|---|-------------------------|---------------------------|---|--|---|---|
| | C. | at 1352 | From | | ď | ů. | a, C | | |
| ### Attending: Oli, Greg N.J. ### Account # # \$1334662 ### Account # # \$133462 ### Account # # # \$133462 ### Account # # # # # # # # # # # # # # # # # # # | Page: 1 | | Sts Directions Corded Documented e Time by Comment Units | Tine: 0400 | А Q4H | Y STATE SOUTCE: Cardiac Monitor OZ Dolivery: RODW AIR M: 05/14/16 0407 MH Y Repiration Observed: Y Fall Precautions: Y | Not Applicable 2 3 N N Y Y 10M Y N N A AS NEEDED 14/16 0407 MH | English: trices that may affect learning: N may affect learning (Y/N): N may affect learning (Y/N): N may affect learning (Y/N): N issues have been discussed with patient regarding this: PAIN, FLACC PAIN SCALE | , |
| ### STATE AND THE ADDRESS AND THE BOOK OF | , , | /2 | Problem/Goal/Intervention I Activity Occurred Type Date Tin | Activity Date: 05/14/16 | mert Prossur BP Typ | Hemp: 99.9 - 1795 Heart Rate: 18 | Crib Rails () Number Of Bec Are bedrais up because of Bed Brails Bed High GX Lon All Alarms GA at Brailer Educa - Document | *Religious or Cultuzal practifications or Cultuzal practifications that if YES, describe: *Physical limitations that if YES, describe: *Cognitive limitations that if YES, describe: *Emotional limitations that if YES, describe: *If YES, describe: *If YES, describe: if patient has pain, what : NOTIFY STAFF OF ARY C/O | Pt/Family encouraged to rep What safety issues have bee :REACH, ADJII *Is patient/family motivate If NO, explain: |
| ### ### ############################## | NOSEGONE | 111s-knighton Sout HIMS PRINT ALL NUR | Fron | | C | | | e | Ů |
| ्का कन र क्षा मुद्रा के प्राप्त कि सम्बद्ध के प्राप्त कि सम्बद्ध के प्राप्त कि सम्बद्ध के प्राप्त कि सम्बद्ध क | 4Y C4M F Attending: Oji, Greg | K006629604 Account #: K2346629 65/14/16 at 0328 Location: 5ES DIS IN Room/Bed: K.E5514-1 | Sts Directions conded Documente e Time by Comment | | æ | MEDICALION REVIEW (VASC ipsychotics, antifictan metics, etc). USE CORRECTIVE LENSES, ASSIST WITH ANSIDATION. OFFER ARTHROW ASSISTAN USE NON-SKID FOOTWEAR. | 7. ENGUER ADEQUATE LIGHTING AT NIGHT 8. USB PROJECTIVE/ASSISTIVE DEVICES [W/C, Gest-craits, etc]. 9. EXURATE PARTIN TO REINFORGE FALL PREVENTION STATEGIES. 10. INSTRUCT PARTIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENGURE PATIENT CARE ITEMS ARE WITH REACH. 12. KEEP NOOM FREE OF CLUITER. 12. KEEP NOOM FREE OF CLUITER. 14. KEEP NOOM FREE OF CLUITER. 15. KEEP NOOM FREE OF CLUITER. 16. COS/14/16 COCC CT OS/14/16 CKSI CT | . 0400 anning A 714/16 0407 %: | ring A AS NECTED 5/14/16 0407 MH 80 |

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Willis-Knighton South Nursing **LIVE**
HIMS FAINT ALL NURSING INFORMATION

HENDERSON,

Attending: Cji, Greg M.W.D.

Account #: K32346629

Room/Bed: K.E5514-1

SES

Location:

0328

Age/Sex: 4Y 04N F Unit #: KCC3629504 Admitted: C5/14/16 at

DIS IN

Status;

From ಕ್ಷ ę, 73 \mathcal{C} B Ç ç; G Ü Change None => 05/11/16 => 05/11/16 None => 05/14/16 Documented Trits None Have you or a close contact traveled outside of the continental US or come into contact with an Ebola patient Fever> or = 100.4 deg F, Headache, Muscle Pain, Vomiting Sts Directions Diarrhea, Abdominal Pain, or Unexplained hemorrhage For patients presenting with the following symptoms: 05/17/16 05/11/16 05/17/16 92/22/50 97/37/50 YEALTENES AS NEEDED WEAL TIMES YTTAC -----TRAVEL QUESTIONS - MANDATORY----Y TAC 96,18 ACMIT 038 Q2H Commerce Ø, 4 Æ, ď < ď < in the past 30 days? N ኝ ដ Ţ Ę Ţ. Š 푯 ጅ ij Ž. 냋 Š Ÿ. ξ ģ. ķ CT 05/14/16 0450 CT C5/14/16 0450 1116 5604 05/14/16 0404 MH 05/14/16 0404 05/14/16 0404 MH 05/14/16 C404 05/14/16 0403 MH 05/14/16 0404 05/14/16 0404 XE 05/14/16 0404 Physician Rounds 05/14/16 0403 NH 05/14/16 0404 - Create 05/14/16 0403 MH 05/14/16 0404 Problem: KNOWLEDGE DEFICIT 05/14/16 0403 MH C5/14/16 C404 05/14/16 0404 XH 05/14/16 0404 05/14/16 0404 05/14/16 C4C4 C5/14/16 0403 NH C5/14/16 C404 05/14/16 0403 NH 05/14/16 0404 NE C5/14/16 0404 Feed Formula Per Fandly Or Staff Recorded 05/14/16 0403 MH 05/14/16 Time: 0403 Time: 0404 Goal: Basic nursing care will be provided Pediatric Admit Assessment Date Goal: No evidence of injury to patient Goal: No evidence of injury to patient :jue: Problem/Goal/Intervention Description Understanding of Diagnosis and Understanding of Diagnosis and Goal: Patient/Family Will Verbalize Goal: Patient/Family Will Verbalize Feed With Assistance 5 ž CS/14/16 0403 NE Ω Patient Education Problem: INJURY, POTENTIAL FOR C5/14/16 0403 05/17/16 0403 05/14/16 0403 05/14/16 0403 05/14/16 0436 05/14/16 0436 Time Clergy Visits Safety Checks Occurred Formula Prep Activity Date: 05/14/16 Activity Date: 05/14/16 Activity Date: 05/14/16 Date Treatment Ed Target Ed Target Ed Target Activity Create Create Creace Create - Document :voe Create Creato - Create Create - Create Create 550030-B Create Create 800516 100522 550050 550090 800215 200021 1-1 From PHOI SECURITY SHEET, ADDED AT BEDSIDE AT ALL TIMES, CALL FOR ASSIST C ტ Ð СЪ S G ß Ð Ç Change Other Teaching: ORIENTED TO ROOM, PT. HANDBOOK, PT. EDUCATION CHANNEL 95, If applicable, pt has demonstrated competence to self administer medications: Documented Directions 97/17/50 AS NEEDED NEEDEL CAILY DATEX 96,18 CALLY K.37 AS Sts 4 Ц Ø 4 ď, 4 ⋖ 4 Time: 0400 (continued) Direction ->07,19 Document when done *Equipment (Y/N): Y :CALL LIGHT
*Procedure (Y/N): Y :CALL LIGHT
*Procedure (Y/N): Y :ADVIT ASSESSMENT
*Nedication (Y/N): Y :DUONEB- TELFNOL
*New Nedication (Y/N): Y :DUONEB- RESP IREATMENT
#TYLENOL AS NEEDED FOR IEMP Vital Signs taken by a NAI are reviewed ģ 05/14/16 0403 ME 05/14/16 0404 MH C5/14/16 0403 ME 05/14/16 0404 MH 3 Š Ē Ę 5 Σ ጅ 挭 á, Reassessment/Evaluation - Pediatrics Problem: Basic Pediatric Nursing Care - Create 05/14/16 0403 NH 05/14/16 0404 05/14/16 0403 MH 05/14/16 0404 C5/14/16 C403 MH C5/14/16 C404 Tine 05/14/16 0403 NM 05/14/16 0404 C5/14/16 0403 NE 05/14/16 0404 05/14/16 0404 05/14/16 0404 05/14/16 0403 MH 05/14/16 0404 05/14/16 0403 MH C5/14/16 C404 Recorded Discharge Assessment/Planning *Follow-up care (Y/N): N :
Rehab/Resources (Y/N): N :
*Nucrition (Y/N): Y :REGULAR FOR AGE Patient Education (continued) Time: 0403 Goal: Basic nursing care will be provided. Emotional Support/Teaching PECT OF NSY "Jiscase (Y/N): Y : BRONCHIOLITIS Cate Bath, Total Bed · Toddler Critical Value Reporting Problem/Goal/Intervention Description Method Of Instruction: Learning Deronstrated By C5/14/16 0403 MH 05/14/16 0403 NE įχ Occurred Weight, Daily, Linen Charged (Y/X): X : Vital Signs Activity Date: 05/14/16 Activity Date: 05/14/16 by an RN lsclation Evidence Of Activity Create) 200 Create 250510-A Create Create - Create · Create Create Create Create Create 102000 100001 100507 009001 250512 20002 401335

| Case 5:19-cv-00163-EEF-MLH | Document 49-3 | Filed 05/07/20 | Page 196 of @329Pagre\$D #: |
|----------------------------|---------------|----------------|-----------------------------|
| | 905 | | |

Page: 3 of 41 Printed 10/01/19 at 1352 Willis-Knighton South Nursing **LIVE** HEMS PRINT ALL NURSING INFORMATION NOSHECKE! Attending: Oji, Greg X M.D. Room/Bed: K.E5514-1 Account #: X32346629 Location: 555 Admitted: 05/14/16 at 0328 Unit #: X500629504 Age/Sex: 4Y 04N ? Status: DIS IN

From :05/13/16 :1900 TAST TAKEN ZIVC MEDICATION LIST & ALLERGIES ---Taken: N ALL Medication Information Unobrainable: N Parent Informed Of Policy Regarding Outside Medications: Y Mother's Prematal History: BORN AT 27 WEEKS. PMERGENCY C SECTION, PREFCLAMPSIA Fair score: FREQUENCY :0 4-6 FR FRIN Documented Sts Directions "Heart Disease: Resp. Problem: GI Problems: Character of Pain: Duration Of Bain: Pain Relieved By: Cause of pain: Kesp. ROCTE Contract NH: Time: 0436 (continued) INCAL ZATIONS ζ YEDICAL HISTORY Pediatric Admit Assessment (continued) Immunizations Current: Y Connent: "GP TO DATE" Flu Vaccine this flu season (Sep I - Mar 31): No Time Prematurity: Y Seizures: N z Hypertension: N Sickle Cell Trait: Psychiatric Disorder(s): N Cancer----- PAIN Recorded Pain Scale Explained, Understanding Voiced: DOSE Does the PATIENT ONLY Have a History of: Are You Having PAIN / DISCOMEDAT Now: N Date Who else have you consulted about pain: What prearments might help the pain: Pain scale used to assess pain: Fear most about pain: Problems caused by pain: Patient's Acceptable Level of Fain: Current Meds or Herbals Being Taken: N Problem/Goal/Intervention Description <u>∂</u>, ... G Occurred te Time Birth Defects: N GU Problems: N Activity Date: C5/14/36 Date Fain Frequency: Crset of Pain: Location Of Pain: Pain Made Worse By: YEDICATION Accivity -ALBUTEROIL Type 100522 F.C. Cranoc What HERLIH PROBLEM Brought You To The Hospital: "COLD SYMPTOMS WHEEZING, COUGHING"
"Ropeat Hospital Admit Within 30 Days: N
If yes, when and for what:
DX #1: BRONCHIOLITIS
DX #2: ----- Patient Language and Communication Barriens Documented is identified, isolate the patient INVEDIATELY and contact If travel to Guinea, Liberia, Nigeria, or Sierra Leone Sts Directions If the answer is YES, ask where the patient or close the VD, contact the Nursing House Supervisor, and -- Parient Advocate Support Person ------Type Of Temperature: Temporal If they say Africa, please ask them where in Africa Heart Rate Source: Machine Stated BP Position: Lying Does this patient have any food allergies/intolerance: N Food Allergies-intol: NKTA Infection Prevention and Control Weight Source: WT. (KG): SAC2: Language Preference for Medical Communication: ENGLISH (continued) contact has traveled. Language Preference for Medical Communication: ENGLISH δ, Pediatric Admit Assessment (continued) ---- GENERAL DATA ----If other, please specify: XA Do you want anyone notified of your admission? 9.33 Do you have a Barrier to Communication (Y/N): N Barrier to Communication (Y/N): N VITAL SIGNS ---- ALLERGIES I.D. Band Applied: Yes ID Band Applied if other, please specify: WK Interpretive Services Needed? Interpretive Services Provided: Interpreter ID Number: Name and number of person to notify: Was contact made? Recerded *Achitted From: Physician Office Time: 0436 Mode Of Admission: Parent's Arms Latex Allergy (Y/N): No. Latex Allergy Cate Problem/Goal/Intervention Description WT. (LB): WT. (OZ): Traveled to Where? Information Obtained from: Mother λq :::#G Blood Pressure: 133/72 Occurred Allergy: -Med/Contact: NKDA Allergy2-Med/Contact: NKOA Temp: 95.9 Heart Rate: 182 HT.(IN): 30 Head Circ (CT): Activity Date: 05/14/16 42 HT. (FT): Date Resp. Rate: Act:vity Sype Sype 100522

Attending: Oji, Greg X N.D. Account #: K12346629 K.E5514-1 553 Location: Room/Bed: 0328 05/14/16 at Unit #: K000629604 47 04X F Age/Sex: Admitted: Status:

HENTHROOM

Willis-Knighton South Nursing **IIVE**
HIMS PRINT ALL NURSING INFORMATION

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From Is this a PRE-ADVII Assessment: N I verify that I have performed a complete skin assessment and documented all findings below. Description lookup and/or Free Text for FACH. Skir Change Eyes: Opens spontaneously If YES, list all location(s) and use the FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc): Documented Edema Location: NA Abnormal Pulse Location(s): NA Directions Edera Location: Sts (corringed) 1 à than 3 seconds: N Location: Pediatric Admit Assessment (continued) SKIN DESCRIPTION CIRCLIATORY NECRO/PAIN Tire SKUN Recorded Pressure Clear/Skin Empairment on Admit: N If Yes, Explain: Unable to Assess Incision; Dressing Intact: Time: 0436 Datto Skin Temperature/Character: Worm & Dry Problem/Goal/Intervention Description .à Pulse Quality: Normal Pulsation Occurred Level Of Alerthess: Alert Transfusion: N Reaction: Capillary Refill greater: Activity Date: 05/14/16 Heart Source: Regular Date Drain: Location; Drainage: SKEN OF Tracheostomy: N LOCATION Ecena: Activaty Type From Respiratory Comment: Jaing Accessory Muscles Significant Ristory of: NI FOR 100 PAYS, ON THE VENT FOR 1 MONTH, BLOOD TRANSFUSION Change Heart Discase: N Psych. Disease: N Other Comments: WHEEZING BILATERALLY Is the Patient having surgery? X Last Food or Drink Intake: Date: Have you or any of your relatives had any problem with anesthesia/sedation (high fever, *TIN: N *Tube Feeding: N Secretion Amount: Not Observed Secretion Consistency: Not Observed GI Problems: Not Applicable Foley: N Ostomy: Not Applicable Documented Units Color Of Urine: NOT OBSERVED Directions Diabetes: Y Seizures: Y Diet: REGULAR Abcomen: Normal Selzures: Abd. Girth (cm): Types: NA Diabetes: None Correct 57.8 Receiving PREVIOUS SURGICAL HISTORY Have you ever received education about your diet: Have you ever received education about managing diabetes: Diabetes Treatment: Was your last HgbAlC less than 8%: Musculoskeletal / Functional Idmitations: None Site Of Abrormality/Limitation 1: Not Applicable Site Of Abnormality/Limitation 2: Not Applicable Gait, Chsteedy: N Difficulty Walking: N Pediatric Admit Assessment (continued) (continued) XUSCULOSKELETAL ---- GASTROTNTESTINE á. ---- GENITOURINARY Cancer: N Kidney Problems: N RESPIRATORY Tine Does home plood sugars? (Y/N) Recorded Time: 0436 Resp. Effort: Using Accesory Muscles Date Nutritional Problems: No Problem Stated Orogenital Tract Male: No Abnormalities Problem/Goal/Intervention Description Date Of Last Bowel Movement: 05/13/16 Current Problem: Not Applicable Ostomy: Not Applicable Urination: Normal volding pattern Ď, fficulty awakening, etc): N Secretion Color: Not Applicable HIGH BLOOD PRESSURE: Y Occurred te Time Bowel Sounds: Present Productive Breath Sounds: Grunting Previous Surgeries; NONE Urogenital Tract Female: Activity Date: 05/14/16 Date FAYTLY HISTORY OF: WHILE IN NI If YES, explain: Þ Activity -772e 100522 Other

| Age/Sex: 4Y 04% ? Attending: 0ji, Greg X M.D. | NEASON | Page: 5 of 41 |
|--|---|---|
| <pre>Dnit #: XCO0629604 Account #: XC2346629 Admitted: 05/14/16 at 0328 Location: 52S Status: DTS IN Room/Bed: K.E5514-1</pre> | Willis-Krighton South Nursing **LIVE** HINS PRINT ALL NURSING INFORMATION | Nursing **LIVE** ING INFORMATION |
| Problem/Goal/Intervention Description | mox3 | Problem/Goal/Intervention Description Stan Directions |
| Activity Occurred Recorded Docurred Type Date Time by Date Time by Date | ced trs Chanc | lts Chanc |
| Activity Date: 05/14/16 | | Activity Date: C5/14/16 Time: 0436 (continued) |
| 190522 Pediarric Admit Assessment (continued) | רירוסי פאינאמים פא | 100522 Pediatric Admit Assessment (continued) |
| Specim Minal Specim Dancell Dancell Specim S | X X | Ts Your Child Able To Remove All His/Her Clothes: No |
| *Developmentaliy Selayed: Normal | | Does Your Child Able To Kick A Ball Forward: Yes |
| Oriented To: Person/Family: Not Applicable Location: Not Applicable | | 3 Years: Is Your Child Able To Wash And Ony His/Her Hands: |

Does Your Child Dress Him/Hersolf Without Help: Is Your Child Able TO Draw A Circle By Copying: Does Child Use At Least Four Diff Action Words (Verbs): Can Your Child Repeat Five Numbers In Proper Sequence: is Your Child Able To Define Words, Le. Banana Is A Fruit: Can Your Child Skip: Is Your Child Able To Name At Least Four Items in A Books Does Child Comprehend At Least 2 Action Words, ie Dog Barks:
Is Your Child Able To firow A Ball Overhand: Does Child Play Board/Card Games With You / Other Children: Is Child Able To Draw The Head & 2 Other Parts Of A Person: Is Your Child Able To Name Four Different Colors: Can Your Child Broad Dump: Can Your Child Copy A Square: Does Your Child Hop On One Foot: 5 Years: 6 Years: Answer Y/N to appropriate category. Review abnormal results With MO at next rounds.

ls Baby Able To Hold Its Head Steady Whom in Sitting Pos.:

Does Your Baby Follow Moving Objects With Its Eyes:

Does Your Baby Make Any Sounds Besides Crying And Cooing:

Does Your Baby Watch Its Own Hands: 6 Yearths:

-- DEVELOPMENTAL ASSESSMENT ---

Does Your Baby Have A Tendency To 'Root' When Hungly: Does Your Baby Turn His/Her Head Toward Sound Of Voices:

C-3 Months:

Does Your Baby Smile Or Coo:

Do Baby's Byes Move In Same Direction He/Ghe Moves Head: Does Raby Grasp Objects That Touches Palm Of His/Her Hand:

Does Your Baby Wave Bye-Bye-Boes Hapy Transfer An Object, Ex. Rattle, From Hand To Hand:

Does Your Baby Wake Dada And Mana Sounds: Does Your Baby Reach: For Objects Out of its Reach: Does Your Baby See Small Objects, Such As Raisins: Does Baby Respond To Sound By Turning Head In Dir. Of Sound: Does Your Baby Initate Speech Sounds: Does Baby Stand Up Holding Onto Someone Or Something: 9 Yonths

Does Child Hold An Object In Each Hand & Bang Them Together: When Child Says Mara/Dada, Is It Said To The Approp Person: Is Child Able To Stand Alone For At Least Two (2) Seconds: Does Child Drink From A Regular Cup Without Spilling: Does Your Child Scribble When Given Crayons And Paper: Does Your Child Say Three (3) Words: Can Child Walk All The Way Across A Lg. Rm. W/O Falling: Does Your Child Play Patty-Cake: 18 Months:

12 Months:

Is Your Child In The Grade Appropriate For His/Her Age: Does Child Initiate And Complete Tasks Or School Projects: Child Has A Group Of Peers W\ Whom Much Free Time Is Spent:

11-13 Years:

Has A Friend He/She Flays W\ On A Reg Basis Cunside School:

Is Your Child In The Grade Appropriate For His/Her Age.

7-10 Years:

Nothing?

Wost Things? All Things?

Are You Able To Talk To Your Parents: Some Chings?

How Yany Brothers: How Mary Sisters:

Do You Have Any Brothers: With Whom Do You Live: Tell We About Your Family: Do You Have Any Sisters:

14-18 YEARS;

Page: 6 of 4. Printed 10/01/19 at 1352 Willis-Krighton South Nursing **LIVE**
HINS PRINT ALL NURSING INFORMATION Attending: Oji, Greg X.X.D.
Account #: K32346629
Location: 5ES
Room/Bed: X.35524-1 Age/Sex: 4Y 04X F Unit #: X000629604 Admitted: 05/14/16 at 0328 Status: DTS IN

| Status: D.S IN Room/Bed: K.sbs.4-1 | HIVS PRIN: A.S NORSING INFORMATION | ζ. | | |
|---|---|--|---|--|
| Problem/Goal/Intervention Description | Problem/Goal/ | Problem/Goal/Intervention Description | Ste Directions | E C S A fa |
| Activity Occurred Recorded Documented Documented Time by Connent Units Charge | Activity e Type | Occurred Recorded Date Time by Date | Jime by Comme | Crange |
| Activity Date: (5/14/16 | Acivity Date: 05/14/16 | 3: C5/14/16 Time: 0436 | s6 (continued) | |
| 100522 Projatric Admit Assessment (continued) | 166522 | Pediatric Admit Assassment (continued) | (continued) | |
| ADIE JALK 10 FARENIS: When Grade Dro Vr. Tr Gring's | Credit Cards | Credit Cards: Not Applicable Credit Cards: Not Applicable Tewerry: Not Applicable | Vallet: Not Applicable Wallet: Not Applicable | |
| What Is Your Favorite Subject: | other: | | Disposition | |
| What kind of grades do you make (Good/Fair/Poor): What kind of Hobbies Do You Have: | Other: | ther: Care: N Walker: N W/C: N | Disposition: Disposition: | |
| Do You Belong To Ary Clubs, Groups, or Gangs: Which Ores: | Advised To Kee | Advised To Keep Giasses, Contacts, Denums Have You Signed An ORGAN DONATION CARD: N | 's' | |
| Are You Allowed to Date Yet: Have You Had Sex Education At School: | Recent History | Recent History Of: Falls: N Bed Rails: N *Restraints: N | <pre>x *Family Or Sitter: Constantly x *Restraint Type:</pre> | |
| II Not, Refer To Monthly Program Growing Up Girls/Boys: Interested In Program: Not Interested In Program: | Patient/Family | Patient/Family Oriented To: Call Light: Y | Bed Control: Y | Teleprone: Y |
| Penales: Have you has your first period: If Yes, what age (yrs) did you have your first period: If Yes, When Was Your Last Period: | | Nursing Bedside Rounds: Y TV TV TV Crib: | Emergency Light: Y Smokin IV Pumps/Other Equip: H Rocker: Y | Smoking Policy: Y Highchair: Supplies: Y |
| Alexandra Alexandra | Pediatric Fa | Pediatric Fall Risk Assessment | Environmental Factors: 2 | |
| Birch We (Lbs): 1 Birch We (Oz): 9 Birch Jengch (in): 1.1 | ryces (5) | less than 3 years old | | יייייייייייייייייייייייייייייייייייייי |
| Place of Birth (City and Hospital): LSU Complications at Birth: Y If yes, what: FREECLAMPSIA | (3) 3 to le | 3 to less than 7 years old 7 to less than 13 year old | (3) Parient uses assistive devices or Infant-Toddier in Crib or | devices or or |
| | (1) 13 year | (1) 13 years and above | | |
| Joes Patlent Use Topacco: N Type of Topacco Used: How Much Topacco Used: How Long Topacco Used: | Gerdor: 1 (2) Male | (:) Female | (2) Patient Piaced in Bec (1) Outpatient Area | |
| 24 | Diagnosis: 3 | 35.25: 3 Marry Joyd no Jamond & | Response to Surgery/Sedation/Anesthesia 0 | Anesticesia O |
| //BEER/WINE: N Type Of Alcohol | | Neurological Jaguosis Alteration in Oxygenation | | |
| 1f Yes, now which: | Respira Aneria, | kespiratory lagnosis, lenydration, Anemia, Anorexia, Syncobe, | , (1) More that 48 hours Wedication Jsage: 1 | |
| Do You Have a RELIGICUS AND/OR CHINTRAL TRADITION We Need To Consider: N | Diziness, etc. | s, etc. | (3) Multiple usage of: Sedatives, Hyprotics, | atives, Hypnotics, |
| il ibo, Wrat: Spiritual Support Reguest No | (1) Ocher D | rsych bekaviola, bisoloeis Other Diagnosis | depressants, Laxatives/Diuretics, | Diuretics, |
| Potential Barrier to Learning: None | Cognitive Impairment: 2 (3) Not Aware of Limit | ive Inpairment: 2 Not Aware of Limitations | Narcotic (2) One of the meds listed above | above |
| *Emorional/Psychiatric Assessment: Pediactric/irritable | (2) Forgets (1) Oriente | Forgets Limitations Oriented to Own Ability | (1) Other Medications/None Fall Risk Total: 13 | |
| Should Aryone Else Be Included in Your Teaching: N If Yes, Who: Do You Have Incompts Of Harming Yourself: Not Applicable | | FALL PRECAUTIONS | SXOZZ | |
| Do You Feel Abused Or Neglected In Anyway: Not Applicable Are You in a Situation Which Causes You Fear, Pain or injury: Not Applicable | Fail Precaution #1: Fail Precaution #2: | | | |
| Emergency Contact: Name: ELIZABETH: ALEXNADER Hove Aurhor: 11R-147-1727 | Fall Precaution #3: Other Precautions: | on #3: ucions: | | |
| Other Nurber: GRANDWOTHER | | BRADEN Q SCALE FOR PE | BRADEN Q SCALE FOR PEDS (LESS TEAN 18 YEARS CLD) | ` |
| VALUABLES/ASSISTIVE DEVICES | SENS PERCEP | 'n | 75 | No Impairment |
| PATIENT IS AN INFANT: N Glasses: Not Applicable Contacts: Not Applicable | WOIST.CREE | Molst | us | Rarely Moist RoutDiapChg |
| Hearing Aid(s): Not Applicable Dercures: Not Applicable/Nove | ACTIVITY | Bedfast Cr | Crairfast Walks Occasionally | Age Appropriate |

| 4 <u>Y</u> 64 <u>X</u> F | Mege: 7 of 42 |
|---|---|
| | Willis-Knighton South Mursing **Live** Hivs PRINT All NURSING INPORVATION Q |
| Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Time by Comment Units Change | Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Typo Date Time by Date Time by Comment |
| Activity Date: C5/14/16 Time: 0436 (continued) | intervention (continued) antihistannes, |
| Admin Assessment (co introble Very Lim oor inadequare r Problem Moderate Moderate Comprom | diuretics, e.c.). 2. USE CORRECTURE LENSES, if applicable. 3. ASSIST WITH AVELACION. 4. OFER ANTHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PARTIENTS 7. ENSURE AROGECTURE LIGHTING AT NIGHT. 8. USE PROJECTURE DEVICES |
| 2 . No Impairment 3 . Occasionally Moist 5 . Walks Occasionally 1 . Slightly Limited 3 . Adequate | CO, Geri-chairs, etc). EDUCATE FAMILY TO REINFORCE FALL SVENION STRAIRGIRS. INSTRUCT PALIENT TO ASK FOR SISTANCE OUT OF BED. |
| Priction/Shear: 4 - No Apparent Problem Tissue Perfusion/Oxygenation: 3 - Adequate Total Braden Scale Score: 23 | TO WITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER. 13. KEEP ROOM FREE OF CLUTTER. 14. THE CANAGE TO GAIL OF CLUTTER. |
| Pt. Safety Information Booklet given to pt/family: Y | Date: 05/14/16 Time: 0600 |
| LFN Who Assisted In Data Collection: RN Signature: DAMIEL THOMAS RN | 400010 Vitai Signs |
| Activity Date: 05/24/16 Time: 0451 | V. Call S. Caken by a .N. are reviewed by an. R by an. R call for the near of the new of t |
| Problem: PATIENT AT HIGH RISK FOR FALLS - Create 05/14/16 0451 CT 05/14/16 0451 CT Goal: NS: Patient risk for falling reduced Create 05/14/16 0451 CT 05/14/16 0451 CT | US/-x/lb DBUD C: US/-x/lb Well C: Type: Temp: 97.8 Type Of Temperature: Axilary Rate: |
| Activity Date: 05/24/16 Time: 0530 | Resp. Rate: SA02: 96 02 Delivery: ROOM AIR |
| 20002: Safety Checks A Q2H CF 5.3 CP Document 05/14/16 0530 CF 05/14/16 0542 CF Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Preceutions: Y | Activity Date: 05/14/16 Time: 0730 00006 Discharge Assessment/Planning A AS NEEDED CP GO Document 05/14/16 0730 BG 05/14/16 1239 BG 05/14/16 0730 BG 05/14/16 0750 BG 05/14/1 |
| Crib Rails (Tp / Down): Not Applicable Number Of Bed Rails Up: 2 Are bedrails up because of meds given; N Bed Brakes Locked: Y Bed Eigh OR low Position: LOW All Alarms On and Audible: Y Crift In use; N Prof. This. | Secharge Problems/Needs identified: Y Secon Page 15 Secon |
| Intervent sded, theil fail red malized fa | ### Arxangements Made to Meet Need(s): Y ONCOING TEACHING : |
| 1. MEDICATION REVIEW (vasoactive drugs, | t: |

| | Cas | se 5:19-c | cv-00 |)163-EEF- | MLH | Docum | nent 49-3 910 | Filed 05/07/20 | Page 201 | of 331 Page Page 1295 of 175 | eID #: 58 |
|---------------|--|---|---------------------------------------|---|--|---|---|--|--|---|---|
| Page: 8 cf 4. | Printed 10/01/19 at 1352 | Sts Directions From Documented Charge | (continued) | Pediarrics (continued) N: N 1 this shift: N Type of Rescrion: | ic Needs: N | Precautions: N Type of Precautions: Negative Air Pressure Confirmed - Discharge of air Outdoors or HEPA Filtration Unit(Y/N): N *is patient DO NOT RESUSCIPATE: N | | (2) Patient Placed in Bed (2) Patient Placed in Bed Response to Surgery/Secation/Anesthesia 0 (3) Within 24 hours (2) Within 48 hours (2) Move than 48 hours Medication Usage: 1 (3) Multiple usage of: Sedatives, Hypnotics, Barbituates, Phemothiazines, Anti- depressants, Laxatives/Diuretics, | Narcotic (2) One of the meds listed above (1) Other Weddeations/None Fall Risk Total: 13 ESS TRAN 16 YEARS OLD) 4 | Slightly limited No Im Occasionally Moist Rarel Walks Occasionally Age App Slightly Limited No Lin Adequate Exce Potential Problem No Apparer Adequate Exce | No impairment Occasionally Moist Walks Occasionally - Walks Limited |
| Ţ | s-Knighton South Nursing **!IVE** S FRINT ALL NURSING INFORMATION | Problcm/Goal/Intervention Description Activity Occurred Recorded Type Date Time by Date Ti | Activity Date: 05/34/16 Time: 0730 (c | 100507 Reassens./Bvaluation - Pediatrics (co Valntain Peripheral IV or PRN Adapter Y/N: N *Restraints: N *Restraint Type: Has patient had an adverse drug reaction this shift: N If vos. rame of Med: Type of Rea | y Compleints or Spe | Precautions: N Type of Precautions: Negative Air Pressure Confirmed - Discharge of *is patient DO NOT RESUSCITATE: N | Fall Risk Assessment s than 3 years Old Jess than 7 years old Jess than 13 year old Pears and above | (1) Female 3 ological Diagnosis rration in Oxygenation intracry Diagnosis, Derydration, ifa, Annoweda, Symoope, mess, etc. implantational Disorders in Diagnosis | Cognitive Impairment: 2 (3) Not Aware of Limitations (2) Forgers Limitations (2) Forgers Limitations (2) Oriented to Own Ability (3) Oriented to Own Ability (4) Oriented to Swill School Scho | SENS PERCEP Completely limited Very Limited MOISTLE Constantly Moist Very Moist ACTIVITY Bedfast Chairfast MOSHLIY Completely Immobile Very Limited NUTRITION Very Poor Inadequate FRICT/SHEAR Significant Problem Problem Problem | Sensory Perception: 4 Moisture: 3 Activity: 3 Activity: 3 |
| 4Y C4X F | iliya Eri | Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Joane Comment Units Change | Activity Date: 65/14/16 Time: 0730 | . 200507 Reassessment/Evaluation - Pediatrics A Direction ->07,19 Document with done - Document 05/14/16 0730 BG C5/14/16 1245 BG Date: 05/14/16 5hift: 7A - 7P | Plan Of Care Discussed With Patient: Y Plan Of Care Updated: 05/14/16 Wound: N Dressing: N Drain: N Pain At Present Time: N Swallowing Difficulty: N | s: Responds to parent :: Pediactric/ quiets easil :: abored | Expectorant Color; Not Observed O2: N O2 Delivery: NOOM Ala Pulse Quality: Normal Pulsation Enema Of Extremity: None Abdormen: Soft/Active Bowel Sounds Bowel Sounds: Normal | Bowel Movement This Shift: N Date Of Last Bowel Movement: Are You Having PAIN / DISCOMPORT Now: N Is this a new epische of pain: Location Of Pain: Character of Pain: Character of Pain: Character of Pain: Pain Wade Worse By: | Pain scale used to assess pain: Pain acore: 0 Pain acore: 0 Pain Interventions Non-Prarmacologic (soe MAR): Non-Prarmacologic: Emotional support: Confort measures: | Cognitive techniques: Voiding: Y Indwelling Orinary Catheter Y/N: N Can this catheter be removed? (Y/N): N Color Of Urine: NOT OBSERVED Craracter Of Urine: Not Observed IV Pump: N How Many IV Pumps: 0 Heeding Pump: N Heating Pad: N | SCDs in place at beginning of snitt: N .EDs in place at beginning of snitt: N Maintain Central Line:TLC/PICC/SWAN/FORT/HD CATHETER/UAC/UVC/BROVIAC? (Y/N): N Car this line be removed? (Y/N): N |

| | | ıse 5:19- | cv-0 | 0163-EE | F-MLH | Docu | ment 49 9 | -3 Filed 05/0 11 |)7/20 Page | e 202 offer | 9319P4676 8D | #: |
|---------------|--|---|--|--|--|---|---|---|--|---|---|---|
| Page: 9 cf 41 | Printed 10/01/19 at 1352 | Directions From Documented Change | | Q2H 5.3 5.3 8; <u>ү</u> | | AS NEEDED GE | 9'0 | | <pre>ih patient regarding this: issucs: Y GR UP X 2, CALE LIGHT WITHIN f SECURITY SHEET</pre> | Xepm | | |
| Ţ | reing **IlVe** INFORVATION | Probien/Goal/Intervention Description Sts D Activity Occured Recorded Type Date Time by Comment | Activity Date: 05/14/16 Time: 9730 | 200621 Safety Checks A Q2H - Document 65/14/16 0730 HG 05/14/16 1245 HG Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y | Crib Raiis (Up / Jown): Not Applicable Number of Bod Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y | Bed Hig All Alax Patier | ocument mer's Pref language lf Oth | *Religious or Cultural practices that may affect learning: If YES, describe: *Prysical limitations that may affect learning (Y/N): X If YES, describe: *Cognitive limitations that may affect learning (Y/N): N If YES, describe: *Emptional imitations that may affect learning (Y/N): N If YES, describe: If YES, describe: | has pain, what issues have been discussed with start of ANY C/O Pain, FLACC Pain SCALE couraged to report concerns about Pt. safety issues have been addressed with the patient: "REACH, ADIL AT BEDSIDE AT ALL TIMES, PEDSIDE AT ALL TIMES. | *Is patient/family motivated to learn (Y/N): Y If NO, explain: TEACHING SURVARY | *Disease (Y/N): Y :BRONCH:OLITIS Isolation (Y/N): N : *Equipment (Y/N): Y :CALL LIGHT *Procedure (Y/N): Y :ACMIT ASSESSMENT *Wedication (Y/N): Y :DONES- TYLENOL *Wedication (Y/N): Y :DONES- RESP TREATMENT *Education (Y/N): Y :DONES- RESP TREATMENT | *Follow-up care (Y/X): X : Rehab/Resources (Y/X): X : |
| , NOSESCIV. | Willis-Knighton South Nursing **IIVE HIMS PRINT ALL NURSING INFORMATION | From Change | AC | 20002: - Doct - Doct | all findings below. | m & Dry r Free Text for PACE. | | 0 (0 | Q, 3 | *IB CP CP CP CP CP | | * 52 |
| 4 V20 V7 | Unit #: XCO0629664 Account #: X32456529 Admitted: 05/14/16 at 0328 Location: 55.5 Status: DIS IX Room/Bed: X.25514-1 | Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units | Activity Date: 05/24/16 Time: 0730 (continued) | 100507 Reassessment/Evaluation · Pediatrics (continued) Nuttition: 3 · Adequate Friction/Shear: 4 · No Apparent Problem Tissue Perfusion/Cxygeration: 3 · Adequate | 23 rmod a complete skin | Skin Celor: Normal Skin lemp/Character: Warm & Dry Skin Hydration: Normal Pressure Ulcer/Skin Impairment Since Previous Assessment: N F 955, 11st all location(s) and use the Skin Description lookup and/or Free Text for ENGE. | SKIN DESCRIPTION : : : : : | : : : : : : : : : : : : : : : : : : : | :SKIN CDI. | : : : Brotional Support/Teaching A AS NEEDED - Document C5/14/16 0730 BG C5/14/16 1245 BG A Q4H | taken by a NAI are reviewed 0730 BG 05/14/16 1246 BG BP POSition: YPP Of Temperature: Axillary Heart Rate Source: Machine | SA02: |

Page: 10 of 41 Printed 10/01/19 at 1352 From G Ü შ Ç ű, 0.0 ۳ ۱4 Documented Directions **YAILA** Respiration Observed: Y CZH Q2E Respiration Observed: Y Fall Precautions: Y **02**H Comment Sts Oji, Greg M. M.D. ø 4 2. USE CORRECTIVE LENSES, if applicable. Crib Rails (Up / Down): Not Applicable 6. CLOSELY OBSERVE DISORIENTED PATTENTS Crib Rails (Jp / Down): Not Applicable 8 8 Pt. and, as needed, their family, are educated on the fall reduction program MEDICATION REVIEW (vasoactive drugs, C5/14/16 1250 BG ģ strategies, including, but not limited 7. ENSURE ADEQUATE LIGHTING AT NIGHT and any individualized fall reduction 8. USE PROINCILVE/ASSISTIVE DEVICES EDUCATE FAMILY TO REINFORCE FALL 05/14/16 1249 Time C5/14/16 1250 05/14/16 1250 ENSURE PATTENT CARE TIEMS ARE INSTRUCT PACIENT TO ASK FOR antipsychotics, antihistamines, Recorded KEEP ROOM FREE OF CLUTTER 4. OFFER BATHROOM ASSISTANCE. Bed High OR Low Position: LOW Tire: 1100 Time: 0900 High Fall Risk Inservention Pt. Off Unit: N Are bechails up because of meds given: N CPM in use: N Bed Brakes Locked: Y Date 3. ASSIST WITH AMBULATION Number Of Bed Rails Up: All Alarms Or and Audible: JSE NON-SKID FOOTWEAR Physician Visit To Patient By: OJIGM Problem/Goal/Intervention Description (W/C, Geri-chairs, etc) PREVENTION STRATEGIES. ASSISTANCE OUT OF BED BG В C5/14/16 1100 BG Der At Bedside: Y EG ģ Call Light/Telephone In Reach: Y Family Member At Bedside: Y Call Light/Telephone In Reach: Y Family Member At Bedside: Physician Rounds 05/14/16 0900 05/14/16 1100 diurctics, etc). Tire 05/14/16 0900 Safety Checks Occurred Safet.y Checks WITHIN REACH Date: 05/14/16 Activity Date: 05/14/16 Date Willis Krighton South Nursing **IIVE** HINS PRINT ALL NURSING INFORMATION Activity Document Document - Document DOCUMEN: Activity 800515 20002 200023 20002 From : PEUT SECURITY SHEET, ADULT AT BEDSIDE AT ALL TIMES, CALL FOR ASSIST (t G Other Jeaching: ORIENIED TO ROOM, Pf. HANDSCOK, Pf. EDUCATION CHANNEL 95 If applicable, pr has demonstrated competence to self administor medications: 74.9 Documented Sts Directions YEALTENES Q2∺ Comment K Attending: Oji, Greg M.M.D. Time: 0730 (continued) 5. USE NON-SKID FOOTWEAR.
6. CLOSELY OBSERVE DISORLENTED PALLENTS
7. ENSURE ADSQUATE LIGHTING AT NIGHT USE CORRECTIVE LENSES, if applicable XEDICATION REVIEW (vasoactive drugs, Ä Pt. and, as needed, their family, are educated on the fall reduction program δ, strategies, including, but not limited Percentage of Meal Eaten: Ate a few bites and uny indivatalized fall reduction 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc).
9. EDUCATE FAVILY TO REINFORCE FALL : : ne 05/14/16 1245 Account #: K32346629 Room/Bed: K.E5514-1 05/14/16 1248 ENSURE PATIENT CARE ITEMS ARE INSTRUCT PATTERY TO ASK FOR antipsychotics, antihistamines, Meal: Breakfast Recorded KEEP ROOM FREE OF CLUTTER 4. OFFER BATHROOM ASSISTANCE. Location: 5ES Patient Education (continued) Current Diet: TODDLER *Nutrition (Y/N): Y :REGULAR FOR AGE High Fall Risk Intervention Date 3. ASSIST WITH AMBULATION Problem/Goal/Intervention Description Method Of Instruction: Learning Demonstrated By: Time: PREVENTION STRATEGIES. ASSISTANCE OUT OF BED. 05/14/16 0730 BG Feed With Assistance DE 0080 9T/\$T/SO Add'1 Diet Restric: Percentage of Supplement Consumed á. Time diuretics, etc) Occurred Admitted: 05/14/16 at 0328 Status: DIS IN Date: 05/14/16 Activity Date: 05/14/16 Date Unit #: K00C629634 Age/Sex: 4Y C4M F Evidence Of Activity Document Document Activity Xecī: 55003C-B 28

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|---|--|--|---|---|--|---|
| Page: Il of 41 /01/19 at 1352 | From | | | ტ | Ċ | |
| Princed 10 | Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Time by Comment Units | . 05/14/16 | 550030-B Feed With Assistance (continued) Yeal: Lunch Percentage of Yeal Earen: Ate 33% Reycentage of Supplement Consumed: Activity Date: 05/24/16 Time: 1251 | cks 1251 BG 05 cside: Y Reach: Y | Crib Rails (Up / Down): Not Applicable Number of Bed Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y CPY in use: N Pr. Off Unit: N A QZH Pr. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited io: | antipsychotics, antihistamines, diuretics, etc). 2. USE CORRECTIVE IENSES, if applicable. 3. ASS-ST WITH ABULATION. 4. OFFER BATHROOW ASSISTANCE. 5. USE WON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSIZE ADSOURCE INCETTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Gerl-chairs, etc). 9. EDGOATE FAMILY TO REINFORCE FALL PREVATION STRATEGIES. 10. INSTRUCT PATIENT TO RAIL TO RESIDENCE FALL PREVATION STRATEGIES. 11. ENSIRE PATIENT OR EIDEN. 12. KEEP ROOM FREE OF CLUTTER. 12. KEEP ROOM FREE OF CLUTTER. 13. KEEP ROOM FREE OF CLUTTER. 14. KEEP ROOM FREE OF CLUTTER. |
| in Nursing **.TV | Problem/Goal/ Activity Type | Activity Date: 05/14/16 | 550030-B Feed With Percentage of X S Percentage of Supplement Activity Date: 05/14/16 | 200021 - Document Family Mc Call Light/Tel | Are bedrails u | - Document |
| Wilis-Knighton South Nursing **IJVE** | Trom Charce | | | | | පි |
| Age/Sex: 4Y 04N F Attending: Oji, Greg M M.D. Unit #: X000629604 Account #: X32346629 Admitted: 05/14/16 at 0328 Location: EES Status: DIS IX Room/Bed: X.E5514-1 | | Activity Date: 05/14/16 Time: 1:00 (continued) | tks (continued) Bed Rails Up: 2 Of meds given: N Brakes Locknd: Y D.ow Postition: LOW CROW if these N | Pr. Off Unit: N 200023 | strategies, including, but not limited to: L. MEDICATION REVEW (vasoactive drugs, antipsychorics, artifistamines, diuretics, etc). 2. USE ORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMELIATION. 4. OFFER PHINGOM ASSISTANCE. 5. USE NON-SKID POOTWAR. 6. USE NON-SKID POOTWAR. 7. ENSIRE ADROCATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Gerichairs, etc). 9. EDICATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. | 10. INSTRUCT PALEBNY TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT ORE ITENS ARE WITHIN REACH. 12. KEEP ROOW FREE OF CLUITER. 12. KEEP ROOW FREE OF CLUITER. Activity Date: C5/14/16 1100 BG 05/14/16 1250 BG Activity Date: C5/14/16 1200 BG 05/14/16 1260 BG Activity Date: C5/14/16 1200 BG 05/14/16 1248 BG Blood Pressure: 3P Type: 3P Type: 3P Temp: 98.4 Type Of Temperature: Axillary Heart Rate: 179 Heart Rate Scurce: Machine Resp. Rate: 34 ShO2: 96 ShO2: 96 Coursent 05/14/16 1200 BG 05/14/16 1711 BG Current Diet: TODLER Add'1 Diet Restric: Add'1 Diet Restric: |

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| Page: 12 of 41 Princed 10/01/19 at 1352 | From Change | | <u>νη</u> 11 | ä | C | a. O |
| ± | Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Common Units | Activity Date: 05/14/16 | 200008 | IV Tibing Charged #1: VPB Tibing Charged #1: PSI Limit Cattings #1: PSI Limit Cattings #1: PSI Actual Reading #1: IV Dressing Charged Sice #1: IV Dressing Charged Time #1: Iv Dressing Charged Time #1: Iv Dressing Charged Mint Assistance Social Feed Mint Assistance Social Feed Mint Assistance CS/14/16 1700 BG 05/14/16 1825 BG Carrent Diet: TODDIER | Add'I Diet Restric: Weal: Dinner Yeacertage of Weal Eaton: Tray Kept in Rm - Not Cmt Supplement Consumed: 200021 Safety Checks - Document 65/14/16 1760 BG 05/14/16 1708 BG Family Merber At Becaide: Y Respiration Observed: Y Call Light/Telephore In Reach: Y Fall Precautions: Y | Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 2 Are bodrails up because of meds given: N Bed Brakes Locked: Y Bed High CR Low Bostlion: LOW All Alarms On and Audible: Y CRY in use: N Pt. Off Unit: N Pt. of |
| Willis-Konghton South Nursing **LLVE: | From Charoe | 6 | | દ | | e e |
| Age/Sex: 4Y 64N.F Attending: Oji, Greg N.J. Unit #: %C062560% Account #: %33345629 Admitted: C5/14/16 at 0328 Location: 5ES Status: DIS IN Room/Bed: %.B5514-1 | Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time py Comment | Activity Date: C5/14/16 Time: 1500 200021 Safety Checks A Q2H - Document O5/14/16 1500 BG 05/14/16 1706 BG Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y | Crib Rails (Up / Down): Not Applicable Number Of Sed Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y CR Linuse: N Proff Unit: N | 200023 high Fall Risk Intervention A O2H Pt. and, as needed, their family, are educated on the fail reduction program and any individualized fall reduction strategies, including, but not limited to: T. MEDICATION REVIEW (vasoactive drugs, artipsychotics, antihistamines, diuretics, etc). | 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH ANGULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWARN. 6. CLOSENY OBSERVE DISORIENTED PATIENTS 7. ENGLER ANGUNTE LIGHTING AE NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc). 9. EDCCALE FAVILY TO REINFORCE FALI | PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSERBANCE OUT OF BED. 11. ENSURE PATIENT CARE THENS ARE WITHIN REACH. 12. KEEP ROOM FREE CF CLUTTER. 12. KEEP ROOM FREE CF CLUTTER. 14.00010 Vital Signs 400010 Vital Signs 15. Vital Signs 16. Vital Signs 17. Vital Signs 18. Vital |

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| | Ca | se 5:19- | -cv-00163-EEF-MLH | Document 49-3 915 | Filed 05/07/20 | Page 206 of 331 PageID #: Page 1300 of 1758 |
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| Page: 13 of 41 | /01/19 at 1352 | From Grance | | | ξ. | Ů |
| | h Nursing **LIVE** SING INFORMATION | Problem/Goal/Intervention Description Sta Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Commont | y Date: 05/14/16 | Crest Tibe #1 (ml): Crest Tibe #2 (ml): Drain 1: Drain 2: Drain 3: Drain 4: Urostony (ml): NeDrostony (ml): NotCony (ml): Ant. Of Or Asp. Of Misc. Body Fluid (ml): Source Of Output Or Asp. Of - Misc. Body Fluid: | Activity Date: 05/14/16 Time: 1920 20008 | Size Cranged #1: Vibing Cranged #1: IVE Tubing Cranged #1: PSI infit Settings #1: PSI |
| HENDERSON | Wills-Knighton South Nursing **LIVE HIVS PRINT ALL NURSING INFORMATION | From ed Change | | χ; | 10.7 | 10.7 20.7 10.7 10.7 10.7 10.7 10.7 10.7 |
| Attending: Oji, Greg M.W.D. | | on Description Sts Directions red Recorded Cime by Date Time by Comment Units | Trervention (continued) STATION. WASIATION. WASISTANCE. FOOTWEAR. WE DISORIENTED PATTEXTS ATE LIGHTING AT NIGHT EAASSISTIVE DAVICES 154 SECTOR. NY REINFORGE FALL FEGIDS. NY TO REINFORGE FALL FEGIDS. FEGIDS. | II. ENSURE PALIENT CARE TEXS ARE MITHIN REACH. 12. KEEP ROOM FREE OF CLUTTER. CS/14/16 1706 BG OS/14/16 1706 IV Side #I Check/Care US/14/16 1706 BG OS/14/16 1706 CS/14/16 1706 BG CS/14/16 1706 CS/14/16 1706 BG CS/14/16 1706 CS/14/16 TGC BG CS/14/16 TGC BG | A 06,18 BG 05/24/16 1825 BG | Time: 1825 A 06,18 1525 BG 05/14/16 1825 BG Time voiced (ml): Utime ceth. (ml): Color Of Time: NOT OBSERVED Aracter of Time: NOT OBSERVED THE INCT EST (ml): Pr. On Dialysis: Void X NN: 3 Last Void Date: 05/14/16 Stool Weight co's Date Of La |
| | <pre>unit #: K006629624 Admitted: 05/14/16 at 0328 Status: DIS _N</pre> | Problem/Goal/Intervention Description Activity Occurred Regressive Date Time by Date | | 11. ENSIGE PATE MITHIN REACH. 12. KEEP ROOM ET 12. KEEP ROOM ET ACTIVITY DATE: 05/14/16 200008 IV Side #1 Check - Create 05/14/16 ACTIVITY DATE: 05/14/16 | ake 5/24/2 (m2): (m2): (m2): (m2): (m2): | 1929 (ff.): |

| Age/Sex: 4Y 04X F | Attending: Oji, Greg M.M.D. | HENDERSON . | Page: 14 of 41 |
|----------------------------|-----------------------------|--------------------------------------|--------------------------|
| Unit #: K000629604 | Account #: K32346629 | | |
| Admitted: 05/14/16 at 0328 | Location: 5ES | Willis-Krighton South Nursing "*Ve** | FITTHER TO/OT/-3 GT -327 |
| Status: DIS IN | Room/Bed: K.E5524-1 | HIMS PRINT ALL NURSING INFORMATION | |

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| Swyb an (Roal) (Trepression Describtion | Problem/Goal/Intervention Doscription | |
| From Sts Directions | Sts Dir | EE . |
| Activity Occurred Recorded Documented Prime by Comment Units Change | Activity Occurred Recorded Documented Typo Date Time by Comment Units Charge | |
| | | r |
| Activity Date: 05/14/16 Time: 1920 (continued) | Activity Date: 05/14/16 Timo: 1920 (continued) | |
| | 100507 Reassessment/Eveluation · Podiatrics (continued) | |
| erents > | SCS in place at beginning of shift; N TEUS in place at beginning of shift; N | |
| | | |
| | Maintain Contral Line:LTC/PICC/SWAN/PORT/HD (ATHENTER/UNC/BROVIAC? (Y/N): N Can this line be removed? (Y/N): N | |
| O | | |
| Direction ->67,19 Document when done | Vaintain Periphera. LV CY PAN Adabior 1/N: N | |
| | *Restraints: N *Restraint Type: Has paident had an adverse drug reaction this shift: N | |
| >1 | if yes, name of Med: Type of Reaction: | |
| ۵۳/۶۲/c/ | Docs the Pathent Have any Complaints Or Specific Needs: X | |
| Womic: N Dressing: N Drain: N Pain At Present Time: N Swallowing Difficulty: N | Specific Needs: CALL NURSE FOR CASET OF FLESYNESS Specific Needs: PEDI PAIN SCALE | |
| Pupillary | Descentions, M Tyme of Dyace::ions. | |
| *Encrical/Payon Assmr: Pediactric/ quiets easily desponds: Spondateously | ischarge of air Cutdoors d | |
| arions: Labored | *Is parient DO NOT RESUSCITATE: N | 16 |
| Non-productive Amount E | bedderic Es. Despeciment | 6 |
| Expectozzati Color: Not Observed Office Offi | | |
| Normal Pulsation | Jess tran 3 years old | |
| None | | |
| Abdomen: Soft/Active Bowel Sounds Bowel Sounds: Normal | (2) 7 to less than 13 year old Final Lindon Court in this of (1) 13 years and shows | |
| Rowe Yovement This Shift: N Date Of Last Bowel Movement: | (2) | |
| | (1) Female | |
| Are You Having Pain / DISCOMEDRI Now: N | Diagnosis: 3 Mesponse to surgety/sedation:/Anesamesta 0 (2) Nethin 24 hours | |
| S IIIS & New Volume Country of Pain: A | ion | |
| Duration Of Pain: | ydration, (I) More than | |
| Character of Pain: | Anemia, Amorekia, Symcope, | u |
| Onset of Pain: | Jiziness, etc. (3) Alitables, etc. (3) Alitables, Premothiazines, Anti- | ì |
| Pain Made Morse By: | Cther Diagnosis | |
| Pain scale used to assess pain: | | |
| Pain score: 0 | Not Aware of Limitations | |
| pair Interventions | | Pa |
| Pharmecologic (see MAR): | (1) Oriented to Own Ability Fall Kiek Lordi: -3 | ige |
| Non-Pharmacologic: | | 13 |
| Figures: Confort repaires: | BRADEN SCALE FOR PEDS (MESS THAN 18 YEARS OLD) | 01 |
| Cognitive techniques: | 400 m | |
| | ננ | 175 |
| riecel De lemon | California (Malks Occasionally Agenticated (Malks Occasionally | |
| Character Of Unite: Not doserved | Very Poor Inadegrate Adegrate | |
| IV Pump: N How Many IV Pumps: 0 Feeding Pump: N Heating Pad: N | FRICT/SHEAR Significant Problem Problem Potential Problem No Apparain Florida. | j |

| | Attending: O'i, Grec X M.D. | | 7. 28ge: 15 of 4. | 1,6 |
|---|---|---|---|-----|
| Unit #: XCOG6296C4 Admitted: O5/14/16 at 0328 Status: DIS IN | Account #: X32346629 Location: 5ES Room/Bed: X.E5514-1 | Willis-Knighton South Nursing **INS HIMS PRINT ALL NURSING INFORWATION | . Nursing **LIVE** SING INFORMATION | 52 |
| Problem/Goal/Intervention Description Activity Occurred Re Type Date Time by Date | Description Sts Directions Recorded Documented me by Date Time by Comment Units | From Crance | Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Time by Comment Units Change | ro |
| Activity Date: 05/14/16 | Time: 1920 (continued) | | Activity Date: 05/14/16 Time: 1920 (continued) | |
| 100507 Reassessment/Evaluation PERF/OXYGEN Extremely Compromised (| Evaluation - Pediatrics (continued) premised Compremised Adegrate | Excellent | <u> </u> | |
| Sensory Perception: Mod Stude: Activity: Modifity: Nutification: | m: 4 · No Impairment e: 3 · Occasionally Volst y: 3 · Walks Occasionally y: 3 · Aleghely Manited n: 3 · Adequate n: 3 · Adequate No Amarant Problem | | emperature ale Source 22 Delivery 1 05/14/16 | |
| Tissue Perfusion/Oxygenation: | i m | | () (| |
| _ctal Braden Scale Score: 23 | Toral Bradon Scale Score: 23 I verify that I have performed a complete skin assessment and documented all findings below. | ii finčings below. | Crib Rails (Up / Down): Not Applicable Numbor Of Sed Rails Up: 2 Are bedrails up because of meds given: N | |
| Skin Color: Normal Skin Hydration: Normal | Skin Temp/Character: Warm & 1 | & Dzy | Bed High OR Low Position: IOW All Alarms On and Audible: Y | |
| Pressure Dicox/Skin Impairne: If YES, list all location(s) LOCATION : | in Since Previous Assessment: N and use the Skin Description lookup and/or Skin DESCRIPTION | Free Text for EACH. | A AS NEEDED CP | 917 |
| | | | *Religious or Cultural practices that may affect learning: N If YES, describe: *Physical limitations that may affect learning (Y/N): N *Cognitive limitations that may affect learning (Y/N): N If YES, describe: If YES, describe: | |
| FREE TEXT DESCRIPTION OF SKIN :SKIN CDI. | FINDINGS (\$1ze, wound bed,drainage, odor, | etc) : | | |
| | | | : Pr/Family encouraged to report concerns about Pt. safety issues: Y What safety issues have been addressed with the patient: SR UP X 2, CALE ilder WITHIN HEACH, ADULT AT BEDSIDE AT ALL TIMES, PEDI SECURITY SHEET | |
| | ":/Teaching A AS NEEDED | Ü | ated to learn (Y/N): Y | |
| V. Vd dd | a NAI are revie 55/14/16 2001 Position: | C | *Disease (Y/N): Y :BRONCHIOLITIS *Solution (Y/N): N : *Equipment (Y/N): Y :CALL LIGHT *Procedure (Y/N): Y :ASSESSMENT | |

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05/14/16 2130 CT 05/14/16 2334

Document

12. KEEP ROOM FREE OF CLUTTER

II. ENSURE PATIENT CARE ITEMS ARE

K)

8.0

CZH

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Time: 2130

Activity Date: 05/14/16

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Peripherally Inserted Central Catrotor (Y/N): N

Site Description #1: Normal

05/14/16 2130 CT 05/14/16 2334 IV Site #1: Right Hand

IV Site #1 Check/Care

· Document

200008

INSTRUCT PATIENT TO ASK FOR

PREVENTION STRATEGIES. ASSISTANCE OUT OF BED

Page: 16 of 41 Printed 10/01/19 at 1352 Fron G G. Chance ırı ui Documented Units Directions Fall Precautions: Y QZH QZH Corrent Respiration Observed: Type of IV Solution #1 (free text): D5 1/2NS WITH 20MEQ KCL Sts ď ₫, Time: 2130 (continued) Date IV (#1) started: 05/14/16 Time IV (#1) started: USE CORRECTIVE LENSES, if applicable CLOSELY OBSERVE DISORIENTED PATIENTS ENSURE ADEQUATE LIGHTING AT NIGHT Crib Rails (Up / Down): Not Applicable Pt. Off Unit: N High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program 1. MEDICATION REVIEW (vasoactive drugs, Time by strategies, including, but not limited and any individualized fall reduction USE PROTECTIVE/ASSISTIVE DEVICES 05/14/16 2334 FAT TV Site #1 Check/Care (continued) (W/C, Geri-chairs, etc). 9. EDUCATE FAMILY TO REINFORCE arripsychotics, antinistamines, Recorded OFFER BATHROOM ASSISTANCE. Bed High OR Low Position: LOW All Alarms On and Audible: Y Number of Bed Rails Up. 2 Are bedrails up because of meds given: N CPN in use: N ASSIST WITH AMBULATION Bed Brakes Locked: USE NON SKID FOOTWEAR. Problem/Goal/Intervention Description ย <u>6</u>. Call Light/Telephone In Reach: Y Family Member At Bedside: 11:Te 05/14/16 2130 IV Dressing Changed Site #1: IV Dressing Changed Time #1: Safety Checks Occurred Rate (cc/hr) #1: 55 diuretics, Activity Date: 05/14/16 IV Tubing Changed #1: IVPB Tubing Changed #1: PSI Limit Settings #1: PSI Actual Reading #1: Site Changed #1: Date Willis-Knighton South Nursing **LIVE** HIMS PHINT ALL NURSING INFORMATION Activity - Document 20002 200023 200002 NOSEECVEH Prom : PEDI SECURITY SHEET, ADDIT AT BEDSIDE AT ALL TIMES, CALL FOR ASSIST G Chance Other Teaching: ORIENTED TO ROOM, PT. HANDBOOM, PT. EDUCATION CHANNEL 95, If applicable, pt has demonstrated competence to self administer medications: N *Wedication (Y/N): Y :ROCEPHIN, PAG SULPHATE X 1 DOSE, INLENDL, SOLDWEDROL "New Medication (Y/N): Y :ROCEPHIN, PAG SULPHATE, SOLINEBROL Documented Chits Directions Learning Demonstrated By: Expresses Understanding Correct Sts A, Method Of Instruction: Explain & Handout Attending: Oji, Greg M.M.D. Time: 1920 (continued) USE CORRECTIVE LENSES, if applicable. 6. CLOSELY OBSERVE DISORIENTED PATTENTS Pt. and, as needed, their family, are educated on the fall reduction program and any indivdualized fall reduction strategies, including, but not limited 1. NEDICATION REVIEW (VAROACTIVE CRUGS, á ن ENSURE ADEQUATE LIGHTING AT NIGHT Time USE PROTECTIVE/ASSISTIVE DEVICES 9. EDUCATE FAVILY TO REINFORCE FALL Room/Bed: K.E5514-1 05/54/16 2000 Account #: X32346629 ENSURE PATIENT CARE ITEMS ARE INSTRUCT PATIENT TO ASK FOR antipsychotics, antihistamines, Recorded KEEP ROOM FREE OF CLUTTER Location: 5ES 4. OFFER BATHROOM ASSISTANCE. Pathent Education (continued) *Nutrition (Y/N): Y :REGULAR FOR AGE High Fall Risk Intervention Date ASSIST WITH AYBULATION USF. NON-SKID FOOTWEAR. Problem/Goal/Intervention Description (W/C, Geri-chairs, etc) Yed2: XA PREVENTION STRATEGIES. ASSISTANCE OUT OF BED. 05/14/16 1920 CT ģ *Follow-up care (Y/X): Y :PER ND Time diuretics, etc) Rehab/Resources (Y/N): N : Occurred WITHIN REACH. 0328 Activity Date: 05/14/16 Admitted: 05/14/16 at Date Unit #: X000629604 Age/Sex: 4Y 04N F 10. Education Status: DIS IN Xec.: NA Evidence Of Activity Document Sype 9-1

| | Ca | se 5:19- | cv-001 | 63-E | :EF-N | /ILH | Do | cur | nei | nt 49- 91 | 3 F .9 | -IIec | ט נ | 5/0 | //20 | ו כ | Pag | je 2 | 210 | Pag | 331 je 130 |)4 of | 1758 | リ#: | |
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| Page: 17 of 41 | Printed 10/01/19 at 1352 | Fron | | | ů. Ü | | | | | PS | | | | | | C) | i | | | | | | a , | | |
| | Printed | ns ented Units | | | | 27.4 | | | | 6.3 | | | | | | | n, m | | | | | | | | |
| WLIYAE 1 | Llis-Knighton South Nursing **LIVE** HINS FRINT ALL NURSING INFORMATION | Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented | 200023 High Fall Alsk Intervention (continued) WITHIN REACH. 12. KEEP ROOM FREE OF CLAIMER OKNIMMEN 0514 / 6 2330 CT 05/14/16 2334 CT | Date: 05/14/16 | 400010 Vital Signs Vital Signs taken by a NAT are reviewed hy an an | - Document | Ype: Temp: Rate: | Resp. Race: 30 SAC2: 95 02 Delivery: 1 LYP/NC | Activity Jate: 05/15/16 Time: 0130 | 200008 IV Site #1 Check/Care - Document 05/15/16 0130 CT 05/15/16 0414 CT - V Site #1: Right Hand | Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal | Type Of IV Solution #1 (free text): D5 1/2NS WITH 20MEQ KC Sip (Parnet E.) | | Limit Settings Actual Reading | IV Dressing Cranged Site #1: 1V Dressing Cranged Time #1: | Date IV (#1) started: 05/14/16 Time IV (#1) started: 2004 | r 05/15/16 0414 CT Respiration Observed | Call Light/Telephone In Reach: Y Fall Precautions: Y | Crib Raiis (Cp / Down): Not Applicable Number Of Bed Rails Up: 2 | Are becrails up because of meds given: N Bed Brakes Incked: Y | Bed High OK low Position: JOW All Alarms On and Audible: Y | CPM in use: N Pt. Off Unit: N | 200023 High Fall Risk Intervention A Q2H Pt. and, as needed, their family, are educated on the fall reduction program | and any indivariated fall reduction strategies, including, but not limited to: | |
| HENDERSON, AALIYAH | Willis-Knighton South Nursing HIMS PRINI ALL NURSING INFOR | Prom Charge | χ | } | | | | | B | | | | | ę | | | | | | | | | | | |
| 4Y 04M F Attending: | <pre>thit #: X000629604 Account #: X32346629 Admitted: 05/14/16 at 0328 Location: 5E5 Status: D=S IX Room/Bed: K.E5514-: E: /pre> | Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Connect Units | Activity Date: 05/14/16 Time: 2330 | nerr 05/14/16 2336 CT 05/14/16 2334 CT IV Site #1: Right Hard | Peripherally Inserted Central Canader (YN): N Site Description #1: Normal Sate (CC/LY) = 1: 55 The Color of t | | | | 16 Time IV (#1) started: A Q2H | - Document 05/14/16 2330 CT 05/74/16 2334 CT 5.3 Parily Yember At Bedside: Y Respiration Observad: Y Call Light/Telephone In Reach: Y Fall Precautions: Y | Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 2 | Arc Decrais up Decraise of meds given: A Y Yellow Stakes Locked: Y Decraise To The Decraise of the Stakes Locked: The Stakes Lo | All Alares On the state of the | | Pt. and, as needed, their family, are | and the property of the proper | מרומרונית מייני מי | 1. MEDICATION REVIEW (Vascactive drugs, | director, etc.) 2. USE CORRECTVE ENSES, if applicable. | 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. | USE NON-SKID FOOTWEAR. CLOSELY OBSERVE DISORIENTED | 7. ENSURE ADEQUATE LICHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES | (W/C, Geri-chairs, etc). 9. EDUCATE FAMILY TO REINFORCE FALL DREVENTON STRAFFORES. | 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. | |

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| | | i Time by | | Ty, ere program uction limited | macrive drugs, tines, if applicable (CB. | NIGHT NICES | ARE 0414 CT | | s reviewer O4II CI | : Axiary : Machine : 1 LMP/NK | |
| | | cordec | Time: 6330 | High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: | antipsychotics, antihistamines, diunctics, etc). 2. USE CORRECTIVE LENSES, if applicable 3. ASSIST WITH ANGUATION. 4. OFTER HATHROOW ASSISTANCE. 5. USE NOW-SKID FOOTWEAR. 6. CLOSILY OBSERVE DISORMENTED PATIENTS | ENSURE ADEQUATE LIGHTING AT NIGHT USE PROTECTIVE/ASSISTIVE DEVICES (C, Geti-cialis, etc). EDUCATE FARILY TO REDAPORCE FALI VEXTURN STARFIES. | 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENGARE PATIENT CARE ITEMS ANS WITHEN REACH. 12. KEEP ROOM ENER OF CLUTTER. 12. KEEP ROOM ENER OF CLUTTER. 13. (15./16.0330, CT. 05/15/16.0414. | e: 0345 | Vital Signs Vital Signs taken by a NAI are reviewed by an RN. C5/15/16 0345 CT 05/15/16 0411 CT e: e: | pe Ct Temperature: Axiary Heart Rate Source: Machine OZ Delivery: 1 LMP/NC 1345 CT 05/15/16 0413 CT | |
| | | Secripti | Tine | k Interve eeded, th he fall x dualized noluding, | s, antinico). c). TIVE LENS H ANGULAN ROOM ASSI ID FOOTWE | OUATE LIC TIVE/ASS: Airs, etc WILY TO I | PATIENT OF BED TO BED TO BE TO | Time: | caken by | # 1 | |
| | | vention Des Occurred e Jime | 65/15/16 | Fall Ris md, as n ared on t my indiv | antipsychotics, antihistamine diunctics, etc). 2. USE CORRECTIVE LENSES, if an ASSIST WITH ARBUTATION. 4. OFFER BATHROOW ASSISTANCES. 5. USE NOW-SKID FOOUWEAR. 6. CLOSELY GASERVE DISORIENTE. | 7. ENSURE ADEQUATE LIGHT. 8. USE PROTECTIVE/ASSIST: (W/C, Geri-drains, etc). 9. EDUCATE PACITY TO REDAMENTION STRANGGISS. | 10. INSTRUCT FATTERY TASSESTANCE OUT OF BED. TI. ENGAGE PATTERY CAR WITHEN REACH. T2. KEEP ROCH FREE OF C5/15/16 0330 CT (| 05/15/16 | Vital Signs Vital Signs take Vital Signs take Dy an RN. C5/15/16 0345 e: | 0 91/9 | (r.1): mal: 480 (r.1): |
| | *LIVE** | oel/Interve ty Oc | Jate: 05, | High Pt. 6 educe educe ard 6 Strain | 2. 13. 13. 13. 13. 13. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15 | 6. C (W/C 9. E | 10. ASS: ASS: XIII XIII 12. | Date: 05 | Vita Vita by a by a c cs essure: | Temp: Rate: Rate: SAO2: In | |
| ; • | Nursing * | Problem/Goal/Intervention Description Activity Occurred Re Type Date Time by Date | Activity Date: | 200023 | | | - Document | Activity | 400010 Vi Vi by by - Document Blood Pressure: Blood Pressure: | Heart Resp. 450010 - Document | OSAL · just H2O OSAL (not weter Tube Feed NGT Tube Plushes PEG Tube Flushes TV TVFA TVFA TVFA TVFA |
| | 111s-Knighton South Nursing **11VE** | From From | | ~~~~ | • | | <u>ئ</u> راز | L | | ů | |
| | is-Knight MS PRINT | r Chance | | | | | | | | | |
| <u> </u> | M III | ns ented Units | | | | | 0.8 | | | 5.3 | |
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| ព្ | | STS | | | a | | 4 | OS 1/ZNS WITH 20MFQ KCL | | A rved tons | u |
| Greg X X. | X32346629 5ES X.ES514-1 | : Time by | cntinued | ve dings | NICES VICES FALL ARE | 0414 CT | 0424 CE | HILM SN | | #I! Start 0414 CT iration O' Fail Prec | Appcab |
| Attending: Cji, Greg | | corded | ention (c | (vasoacti istamines SES, if a TION. ISTANCE. | SOX ENTER GHTING A. ISTIVE D: C). REINFORC: TO ASK FK | OF CUITER. 1 05/15/16 0414 | o5/15/16 0414 | | | Time IV (#1) started: 05/15/16 0414 CT Respiration Obser | wm): Not Up: 2 ven: N ked: Y fon: IOW ble: Y use: N |
| Attendi | Account #: Location: Rocm/Bed: | n Descripti ed Time by | k Interv | s, antih c). TIVE LEN H AMBULA BROOM ASS | SERVE JA SOJATE LA TITVE/ASS MALLY TO RATEGIES PATIENT TO DE DED | A FREE OF | neck/Care 330 cr ght Hand ctral Cat | ee text) | :: :: :: | بر جر لا يو | Rails (Up / Down): rr Of Bed Rails Up: use of meds given: Bed Jacks Locked: ph OR Low Posticion: ms Ch and Audible: CPM in use: Pt. Off Unit: |
| | 4 at 0328 | vention occurred | F. | 1. NEDICATION REVIEW (Vasoactive drugs, arripsychotics, anthrestarines, diutetics, etc). 2. USE CORRECTIVE LENSES, If applicable 2. USE CORRECTIVE LENSES, If applicable 4. OFFER BATHROOM ASSISTANCE. 5. USE NOW-SKIT PROF | 6. CLOSATE OBSERVE DESCRIPTION FRANCES 7. ENSURE ADRIGATE DESCRIPTION AND INCIDENT OF THE STATE | 12. KEEP ROOM PRES OF CUTTER. 05/15/16 0130 CT 05/15/16 | TV Sice #1 Check/Care C5/15/16 0330 C7 V Site #1. Right Hand IV Thereted Central Care C5/15/16 0330 C7 V C5/15/16 0330 C7 V C5/15/16 0330 C7 V C5/15/16 C5/16/16 16 C5/16/16 16 C5/16/16 C5/16/1 | 7) #1: 55 21 #1 (Ex | d #1: d #1: is #1: d #1: d Site #1: d Time #1: | started: 05/14/ Safety Checks 05/15/16 0330 smber At Bedside: | Crib Rails (Tp / Jown): Not Applicable Number Of Bed Rails Up: 2 In because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: EOM All Alarms Cr and Audible: Y CPV in use: N Pt. Off Utit: N |
| 4. 04% F | KCC0629604 05/14/16 at DIS IN | oal/Interve ty Oc | High: | 11 12 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15 | 6. C. (1. (1. (1. (1. (1. (1. (1. (1. (1. (1 | MTTH 12. | 1 LY 12 SCELLY | Rate (cc/hr) #1: 55 be Of IV Solution #1 (free t | V Tubing Changed #1. VPE Tubing Changed #1. PSI Limit Sectings #1. PSI Actual Reading #1. V Dressing Changed 51. V Dressing Changed 51. | Date JV (#1) Started: 05/14/16 5002. Safety Checks Document 05/15/16 0330 CT Family Member At Bedside: Y | CY Num Lis up b Bed I |
| Age/Sex: 4 | | Problem/Goel/Intervention Description Activity Occurred Regrivity Date Time by Date | 200623 | | | Document | Activity Jace: 09/27/28 200008 IV Site #1. Perighterally Inserted Site Description #1: | Rate (cc/hm) #1: 55 Type Of IV Solution #1 (free text): | IV Thing Changed #1: IVPE Thing Changed #1: PSI Limit Settings #1: PSI Actual Reading #1: IV Dressing Changed #1: IV Dressing Changed Jime #1: | Date JV (#1) started: 05/14/2 20002. Safety Checks - Documen. 05/15/16 0330 Family Nember At Bedside: Call Light/Telephone In Reach: | Crib Rails (Up / Down): Number Of Bed Rails Up: Are bedrails up because of meds given: Bed Brakes Locked: Bed High OR Low Position: All Alarus On and Audible: CRY in use: Pt. Off Unit: |
| « | P. | | Į iš | | | · | _ | | | - | |

| 4 y 04 y = | HENDERSON | 24 | Page: 19 of 41 |
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| ⊼M | Wilis-Knighton South Nursing HINS PRINT ALL NURSING INFO | Liis-Kaigfaon South Nursing **LIVE** HINS FRINT ALL NURSING INFORVATION | 1/19 at 1352 |
| Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units | From | Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Comment Units | From |
| Activity Jate: 05/15/16 Time: 0365 (continued) | | Activity Jate: 05/15/16 Time: 0530 (continued) | |
| 450010 Incake (continued) 5.00 (ml): 650100 Output - Document 05/15/16 0345 CT 05/15/16 04:3 CT Unine voided (ml): Unine cath. (ml): Color Of Unine: Color Of Unine: | ೮ | 200008 | ů. |
| Unime Inct Est (mi): If No Cutput, Is Pt. On Dislysis: Void X XX: 5 last Void Date: 05/15/16 last Void Time: Stool X: 0 Stool Weight oc's Date Of last BX: Color Of Stool: Amount Of Stool: | ć Time: | cown): is the cocked: itton: itton: itton: itton: | |
| New Colostomy (ml.): Cid Colostomy Curput (Num. of stools): Enesis (ml.): Rectal Tube (m.): Est. Bld Loss (ml.): Loss bld Loss (ml.): | | Pt. Off Unit: N 200023 High Pall Risk Intervention A 02H Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: | 921 8 |
| Chest Tube =1 (ml); Chest Tube =2 (ml); Chest Tube =2 (ml); Chest Tube =2 (ml); Chest Tube =2 (ml); Drain = 2; Chest = 3; Drain = 4; Crostomy (ml); Neptrostomy (ml); Neptrostomy (ml); Nexuro = 20 (ml); | | 1. MEDICATION REVIEW (VASCACTIVE drugs, antipsychotics, antifistamines, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AVADIATION. 4. OFFER BATHROON ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY GASERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE INGHITMA TO NICHT 8. USE RACITALY ASSISTIVE DEVICES (W/C, Geri-chairs, etc). 9. EDUCATE PAVILY TO REINFORCE FALL. | |
| Activity Date: 05/15/16 | X; | PREVENTION STRALEGIES. 10. INSTRUCT PATTENT TO ASK FCR ASSISTANCE DATTENT TO ASK FCR ASSISTANCE OUT OF BED. 11. ENGURE PATTENT CRAE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUITER. - Document C5/15/16 G330 CT 05/15/16 0665 CT Activity Date: 05/15/16 Time: 0730 200008 IV Site #1 Check/Care - Document 05/15/16 0730 BG 05/15/16 1067 BG PRIPHERALLY Diserted Cachelex (Y/N): N Glee Description #1. Normal | Σ. |
| FSI Actua. Reading #1: IV Dressing Changed Site #1: | | Site Description.#1: Normai Rate (cc/hr) #1: 55 | |

| Age/Sex: 4Y CAM F | Attending: Of:, Greg M M.D. | HENDERSON YAF Z | Page: 20 of 41 |
|----------------------------|-----------------------------|--|--------------------------|
| that #: X000629604 | Account #: K32346629 | | |
| Admitted: 05/14/16 at 0328 | Location: 585 | Willis-Knighton South Nursing **LIVE** | Princea 10/01/19 at 1352 |
| Status: DIS IN | Room/Bed: K.E5514-1 | HIMS PRINT ALL NURSING INFORMATION | |

| Problem(Anal/Intervention Description | Problem/Goal/Intervention Description |
|--|--|
| Ste Directions From | Sts Dir |
| Activity Occurred Recorded Documented Change One Date Time by Change Date Time by Comment Units Change | Activity Occurred Recorded Document Document Change Type |
| | |
| Activity Date: 05/15/16 Time: 0730 (continued) | Activity Date: 05/15/16 Time: 0730 (continued) |
| | |
| 20002 IV Sive #: Creck/Care (continued) | UCBC/ |
| | Location of |
| V Publing Changed #1: | Duration of Pain: |
| IVPB Thoing Changed #1: | |
| PGT Limit Settings #1: | Observed of Participation of the Participation of t |
| PST Actual Remoing #1: | יים היים ויים ויים ויים ויים ויים ויים ו |
| IV Dressing Changed Site #1: | Frain, sace No. 2007 of 100 cm. |
| 1v Dressing Classical w h. | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | Pair Interventions |
| nerit | Pharmacologic (see MAX): |
| | Non-Frankoolegie: |
| | Erctions support: |
| Jischarge Problems/Needs Lentlined: 1 | Cognitive reciniques: |
| S.VO.T.MO. CGRA: | |
| :P/G CARE .when 50 Sker Medica: ATTENTION | witherer be removed? (Y/N) : N |
| | Character Of Orine: Not Observed |
| | IV Pump: N How Yary IV Pumps: 9 Feeding Pump: N Heating Pad: N |
| Arrangements Made to Meet Need(s): Y | SCDs in place at beginning of shift: N TEDs in place at beginning of shift: N |
| | N. (3/A) COMPANY AND AND CONTROL OF THE CONTROL OF |
| | Car this line be removed? (Y/X): N |
| 100507 Reassessment/Evaluation - Pediatrics A CP | Maintain Peripheral IV or PRN Adapter Y/N: N |
| - Document 05/15/16 03/15/16 1057 39 0.0 | |
| 5/16 Stift: 78 - 72 | *Restraints: N *Restraint Type: Has patient had an adverse drug reaction this shift: N |
| Focus / Plan For The Day: COMPORT/SAPETY WFASURES Plan Of Care Discussed With Patient: Y Plan Of Care Undated: 05/15/16 | If yes, name of Med: Type of Reaction: |
| 1.4 | Does the Patient Have any Complaints Or Specific Needs: N Specific Needs: O'LL NIASE FOR ONSET OF FUSSYNESS Condition Notes FOR THE FOR THE PARTY FOR THE NAME OF THE PARTY NA |
| | בערוביים אפתום: דובו דינו כלוני |
| easily | s. Standard Precautions: Y Discharge of air Outdoors or HEPA Filtration Unit $(Y/N):\;N$ |
| ations: Labored | XO NOT RESUSCITATE: N |
| | ר יסאראיראים (ביימוחייראיבירים ביימוחייראיביר איסידים רוביה אויביה לאהרר |
| Expectorant Color: Not Observed O2: y O2 Delivery: 1 IMP/NC | (4) History of Fall or Infant-Toddler |
| ulse Quality; Normal Pulsation | cess than 3 years old |
| Edema Of Extremity: None Howel Sounds Home, Sounds: Normal Abdomen: Soft/Active Bowel Sounds Bowel Sounds: Normal | (3) 3 to less than 7 years old (3) Patient uses assistive devices or (2) 7 to less than 13 year old Infant-Toddler in Crib or old (3) Patient of the control |
| Bowel Yoverent Tris Shift: N Date Of Last Bowel Movement: | :: 1 call above |
| Are You Having PMIN / DISCOMPORT Now: N | (1) Vale (1) Perale (1) Outpatient Area (1) Diagnosis: 3 Response to Surgery/SeGation/Aresthesia C |
| | |

| 4. | 25 | E I | | 923 | | , and the second | |
|-------------------|--|---|--|--|--|--|---|
| ů; | .5 at 1352 | From | | 5 5 | G | ប | |
| Page: 2- | Printed 10/01/25 | Ste Directions Corded Documented e Time by Comment | <pre>viry Date: C5/15/16</pre> | Enotional Support/Peaching A AS NEEDED (05/15/16 0730 BG 05/15/16 1057 BG A QHH Vital Signs taken by a XAI are reviewed by an RX. (05/15/16 0730 BG 05/15/16 1058 BG 21.4 | 98.7 Type Of Temperature: Axillary 122 Heart Rate Source: Machine 22 | · · · · · · · · · · · · · · · · · · · | *Religious or Cultural practices that may affect learning: N If MES, describe: *Prysical limitations that may affect learning (Y/N): N If WES, describe: |
| | YATTON | 1/interventic Occur | Activity Date: C5/15/16 .005C7 Reasencemor | Emotional Suppor CS/15/16 0730 Vital Signs Vital Signs take by an RV. CS/15/16 0730 | Temp Rate Rate SAO2 SAO2 Y Wem | Are bedrails up because of meds given: Bed Brakes Locked: Bed High CR Low Position: All Alarms On and Audible: CRY IT use: Pt. Off Unit: Document Education: 1 Samer: Wother Learner's Preferred Method: Ore-on-One Larguage Spoken (002): English If Other, Describe: | lgious or Cultural p If YES, describe: sical limitations th If YES, describe: |
| .3 | in Nursing *** | Problem/Goa Activity Type | Activity : | : :::::::::::::::::::::::::::::::::::: | Heart Resp. 200021 - Document Family Call Light/ | Are bedrai3 - Document Learner's Largu | *Religious If YES *Physical '*Physical |
| HENDERSON, | Willis-Knighton South Nursing **LLVEHINS PRINT ALL NURSING INFORMATION | Pron | Sedatives, Hyprotics, Hiazines, Anti- ves/Dirretics, ted above ore | No Impairment Rarely Moist Age Appropriate No Limitation Excellent No Apparent Problem | | i all findings below. & Dry Free Text for EACH. | |
| X X.D. | | Sts Directions Documented by Comment | (continued) (continued) Within 24 hours Within 48 hours Within 48 hours ation Usage: 1 Multiple usage of: Barbituates, Phomot depressants, Laxatians arrocate One of the meds lis Other Medications/N | imited / Moist imited | No impairment - No impairment - Occasionally Mcist - Waits Occasionally - Signity Limited - Requare - No Apparent Problem - Adequate | essment and documented Temp/Character: Warm 6 ssment: N ription lookup and/or 3 | |
| Oji, Greg | Account #: K32346629 Location: 5ES Room/Bed: K.E5514-1 | corded Time | ediatric | Very I Very Chall | | skin Skin ince Previous Asse use the Skin Desc SKIN DESCRIPTION | |
| | 6 at 0328 | Problem/Goal/Intervention Description Activity Occurred Re- | enc/Evalument/Ev | Oriented to Own Ability PERCEP Completely Limited UNE Constantly Maist TRY Completely Limboile TRY Completely Inmobile TRON Very Boor V | School Perception: 4 Noisture: 3 Activity: 3 Activity: 3 Nobility: 3 Notificy: 3 Friction/Shear: 4 Tissue Perfusion/Oxygenation: 3 | Skin Color: Normal : Hydration: Normal : Hydration: Normal : Ulcer/Skin Impairment Silist all location(s) and :COCTION :: | |
| Age/Sex: 4¥ 04% F | | Problem/Goal/I | Activity Date: 05/25/16 1000 1000 1000 1000 1000 1000 1000 1 | 0 | Schooly Existency Coupures School Perception Noisture Activity Activity Activity Nobility Nutrition Friction/Shear Tissue Perfusion/Oxygenation Total Braden Scale Score: 23 | Skin Color: Skin Hydration: Skin Hydration: Pressure Ulcer/Skin If YBS, list all loo : : : | |

| Age/Sex: 47 04X F Attending: Oji, Greg M N.D. HENDERSON, HENDERSON, Account #: X3716,629 | DX. Page: 22 of 41 |
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| W | llis-Krighton South Nursing **LIVE** HINS PRINT ALL NURSING :NFORVATION |
| Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Comment Comment Change | Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Change |
| Time: 0736 (continued) | 200023 High Fall Risk Intervention (continued) 5. USE NON-SKID FOOTWEAR. |
| > Patient Education (continued) *Cognitive limitations that may affect learning (Y/X): N | 6. CLOSENY DESERVE DISORDENTED PATIENTS 7. FASURE ADECEANT LIGHTING AT NIGHT 8. USE PROTECTIVE ASSISTIVE DEVICES |
| If YES, describe: "inclicat limitations that may affect learning (Y/N): N If YES, describe: If parient has pain, what issues have been discussed with patient regarding this: NOTIFY STAFF OF ANY C/O PAIN, FLACC PAIN SCALE | W.C. Jenj-Chais, etci. 9. EDCONIE FALLE 9. EDCONIE FALLE 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED PARCINE SATIENT CASE ITTANG ASE |
| : Pr/Family encouraged to report concerns about Pt. safety issues: Y What safety issues have been addressed with the patient: SR UP X 2, CALL INGHT WITHIN REACH, ADMIT AT REDSIDE AT ALL TIMES, PEDI SECURITY SHEET | اب |
| *Is pathent/family motivered to learn (Y/N): Y If NO, explain: | Date: C5/15/16 Time: 0800 Feed With Assistance A MEALINES |
| TEACHING SUPPRAY | - Document Cb/15/16 0800 EG 05/15/16 15:4 EG /4.5 Chranton Doct TODDIER |
| :BRONCHTOLITES :CALL LIGHT :ASSESSMENT | Sercentage of Weal Eaten: Ate 25% Supplement: Supplement: |
| ROCEPHIN, MAG SULPHATE X 1 DOSE, TYLENOE, SOLOMEDROE. ROCEPHIN, MAG SULPHATE, SOLOMEDROE. TYLEMANE, AS VERDET FOR TEMP | Rate |
| *FOLLOW-UD CARE (Y/X): Y:PER MD Rehab/Resources (Y/X): Y:RECLAR FOR AGE *Nurrition: (Y/X): Y:RECLAR FOR AGE Other Teaching: ORIENTED TO ROOM, PT. HANDBOOK, PT. EDUCATION CHANNEL 95, : PEDI SECURITY SHEET, ADMEST AT BEDSIDE AT ALL TIMES, CALL FOR ASSIST | 200008 IV Sice #: Creck/Care A Q2H 8.0 - Document 05/15/16 0900 BG 05/15/16 1103 BG 8.0 IV Site #1: Right Hand Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Race (Cc/frx) #1: 55 Type 05 IV Solution #1: 15 15 1/2NS WITH 20MEQ MC_ |
| pt has denomstrated compotence to self administer medications: N $_{\mbox{Med}2}\colon \mbox{NA}$ | Site Changed #1: IV Tubing Changed #1: IVPS Tubing Changed #1: |
| Nethod Of Instruction: Explain & Handout Learning Denoistrated By: Expresses Understanding High Fall Risk Intervention Pt. and, as needed, their family, are educated on the faul reduction program and any indivolubilized fall reduction strategies, including, but not limited to: | PSI Actual Reading 41: PSI Actual Reading 41: IV Dressing Changed Site #1: IV Dressing Changed Time #1: Date IV (#1) started: 05/14/16 Time #1 (#1) started: 20002. Safety Checks - Document |
| 1. MEDICATION REVIEW (vasoactive drugs, artipsychotics, artihistamines, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH AMCINATION. 4. OFFER BATHACOM ASSISTANCE. | Crib Rails (Up / Down): Not Applicable Number of Bed Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y |

| | Attending: Off. Greg X X.D. | HENDERSON | EYAH | | ,,,, | Page: 23 of 41 |
|---|---|---|--|--|---|----------------|
| Unit #: K003629604 Admitted: 05/14/16 at 0328 Status: DIS IN | Account #: K32346629 Location: 5E5 Rocm/Bed: K.E5514-1 | Wills-Knighton South Nursing **LIVE* HIVS PRIN ALL NURSING INFORVATION | n Nursing **LIVE** SING INFORMATION | | Printed 10/61/19 at | /01/19 at 1352 |
| Problem/Ocai/Intervention Description Activity Occurred Re | Sts Directions Recorded Sourented ne by Date Time by Comment | From | Problem/Goal/interve Activity Oc | mticn Description ccurred Time by Date Time by | Sts Directions Documented Comment Units | From |
| Activity Date: 05/15/26 | Time: 0960 (continued) | | Activity Date: 05/3 | 05/15/16 Time: 1100 (continued) | | |
| 200021 Safety Checks (continued: CPX in use: DP. Oif Unit: Bigh Fall Risk Intervent! Pt. and, as necodd, their educated on the fall red; and any individualized fall stratedies. Including. | Safety Checks (continued: CPM in use: N Pt. Off Unit: N High Fall Risk Intervention Pt. and, as necked, their family, are edicared on the fall reduction program and any indivending fall reduction and any indivending fall reduction and any indivending fall reduction | ť | 10 Dressing Charged Time #1. Date IV (#1) started: 05/14/16 20002. Document 05/15/16 1100 BG Family Member At Bedside: Y Call Light/Telephone In Reach: Y | IV Site #1 Check/Care (continued) anged Time #1: started: 05/14/16 Time IV (#1) started: Safety Checks 05/15/16 1100 BG 05/15/16 1104 BG miner At Bedside: Y Respiration Chserved: Y ephone In Reach: Y Respirations: Y | С2H eā: у cs: у | მ |
| 1. YEDICATION REVIEW (Vassantipsychotics, endihistandimentics, end. 2. USE CORRECTIVE IENSES, 3. ASSEST WITH AMBULTON | tc: . MEDICATION REVIEW (vascactive crugs, arripsychotics, arrihistaminos, diunctics, ecc). 2. USE CORRECTIVE IENSES, if applicable. 3. ASSIST WITH ANCHARION. | | Crib Rails (Tp / Down): Nurber of Bed Rails Up. Are bodrails up because of meds given: Bed Prakes Locked: Bed High OR Low Fostilon: All Alarms On and Audible: CRY in use: | Crib Rails (Up / Down): Not Applicable Number of Bed Rails Up: 2 up becase of meds given: N Bed Brakes Locked: Y Bed Righ OR Low Position: 10W All Alatms On and Audible: Y CAT in west N CAT in west N CAT in west N | | |
| 5. USEZN SALENCON ASSLED 5. USEZ NON-SKID FOOTWAN 6. USEZN OSSERVE DISON 7. ENSURE ADEQUATE LIGHT 8. USE PROJECTIVE/ASSIS (WC, GETI-CRAITS, ETC) 9. EDIQUE FAMILY TO RE | 4. CREEK SALEKON, ASSLS-ANCE. 5. USE NON-SKID SOUWENT. 7. ENGURE ADECUME IIGHILNG AT NIGHT 8. USE PROIBCILVE/ASSISTIVE DEVICES (WC, Geri-chairs, etc). 9. ENCLORE FAMILY TO REINFORCE FALL | | 260623 High St. a educal educal art | High Fall Risk Intervention Fi. a.c., as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: | нгд | e. |
| ASS-STANCE OUT OF BED. 10. INSURE PATIENT CAR WITHIN REACH. 12. KEEP ROOM FREE OF DOCUMENT 05/15/16 0900 BG OF ACTIVITY DATE: 05/15/16 | 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REACH. 12. KEEP ROOM FREE OF CLUITER. 15. KEEP ROOM FREE OF CLUITER. 16./15/16 0900 BG 05/15/16 1103 BG | | 1. WE arting dive | 1. MEDICATION REVIEW (VASORCITUS drugs, artipsychotics, artihistamines, directics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH ANGUATION. 4. OFFER BATHROW ASSISTANCE. 5. USE NOW-SKID FOOTWERN. 6. CLOSELM OSSISTAN DISCRIENTED PATIENTS 6. CLOSELM OSSISTAN DISCRIENTED PATIENTS | | |
| 80515 Physician Rounds - Document 65/15/16 1030 Enysician Visit To Pathert By: Activity Date: 65/15/16 | nds 330 BG 05/15/16 1116 BG 0.0 By: 001GM 0ji, Greg M.M.D. | ಕ | 7. IN 18. US 18. | 7. ENGRE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-cheirs, erc). 9. EDGCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR | | |
| 200008 JV Site #1 Check/Care - Document 05/15/16 1100 BG 05/15/16 1104 IV Site #1: Right Hand Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Rate (CC/LT) #1: 55 | # 1 Check/Care | & | 11 ENGRAL 11 ENGRAL 12 KEP R - Document 05/:5/16 Activity Date: C5/15/16 | 10. SEEN FREE OF CLUTTER. 12. KEEP ROOM FREE OF CLUTTER. 05/15/16 1100 RG 05/15/16 1104 BG: (5/15/16 1106 RG 05/15/16 1109 RG 05/15/16 1100 | | |
| | | | 550030-B Feed - Document 05/ AGd' Percentage | Feed With Assistance Colsis 1200 BC 05/15/16 1534 BG Current Diet: TODDLER Add'l Diet Restric: Neal: Eunch Percentage of Yeal Eater: Ate 33% | MEALTIMES 74.9 | Ĉ) |

| Н | 2 | r1 | | | | 926 | · | |
|-----------------|---|---|--|--|--|---|---|--|
| Page: 24 of 41 | Princed 10/01/19 at 1352 | From | | | c); | Û | ម | |
| | Printed | ections Tocumented Units | | | о. В | v W | | |
| | | Sts Directions Document Octument | | | A Q2H EQ KC. | i: A Q2F REZVEĞ: Y | 4 G2E | |
| | | Tire by | continued) E PATT | , ARE t. 5 1357 BG | Λ Ω (/15/16 1530 BG kter (Y/X): N D5 1/2NS WITH 20MEQ KC | Time IV (#1) started: 05/15/16 1530 36 Respiration Observed: Y | Applicable Applicable on program eduction | or limited tive drugs, es, applicable |
| | | ription Recorded by Date | Lervention (, etc), TO REINFORG SIES. ENT TO ASK E | TEXT CARE ITEMS ARE PREE OF CAUTIER. 30 BG 05/15/16 1357 | . 6 | Time 3 05/2 | Up / Down): Not G Rails Up: 2 meds gdven: N kes icoked: W W Position: LOW W Position: LOW W Position: LOW W Fosition: LOW W Fosition: LOW W Fosition: Low Leefed, their fat the fall reduction he fall reduction | ding, but no TEW (vasoact ntihistamine TENSES, if BULATION. |
| | | artion Desc courred Time | High Fall Risk Intervention (continued) (WVC, Geri-chairs, etc). 9. EJCATE FAMILY TO REINFORCE FALL PROUNTION STRAIGHS. IN INSTRUCT PATIENT TO ASK FOR ASSISTANT OUT OF HED. | 11. ENSURE PATIENT CARE ITENS ARE WITHIN REACH. 12. AREP ROOM PREE OF CLUITER. 65/15/16 1300 BG 05/15/16 135 11 05/15/16 12:00 | Le #1 Check/ 15/16 1500 #1: Right : Tred Central #1: Normal #1: 10 | #1: #1: #1: Site #1: Time #1: Ced: 05/14/; Checks 15/16 1500 AT Bedside: | Crib Rails (Up / Down): Not Applicable Number of Bed Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y CPM in use: N Pt. Off Unit: N Pt. Off Unit: N Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction | strategies, including, but not limited to: 1. VEDICATION REVIEW (vasoactive drugs antipsychotics, antihistamines, diwretics, etc). 2. USE CORRECTIVE LENSES, if applicable ASSLST WITH ANGLANION. 4. OFFER BATHROON ASSISTANCE. |
| | **LIVE** | Goal/Interve nity Oc | High F (W/C, 9. EX) FREVED 1.0. IX | MIII NZI ZZ. CG Date: Cd | IV ally scrip e (ce (ce Sol) | TV Tubing Changed NPB Tubing Changed PSI Limit Settings PSI Actual Reading TV Dressing Changed TV Dressing Changed Date IV (#1) starr 200021 Safety Family Member / Family Member / | Crib Numb sils up bec sed Fi All Ala High Per Per and | 1. YE and the second of the se |
| LYAH L | h Nursing SING INFOR | Problem/Goa Activity Type | 200023 | - Document Activity | 200008 - Document 1V Perryherally Site Descrit Rate (c | IV Tubing TVPB Tubing PST Limit S PST Actual IV Dressing TV Dressing Date IV (# 200021 - Document Family | Are bedx | |
| NOSKECKE | Willis-Knighton South Nursing **LIVE' HIMS PRINT ALL NURSING INFORMATION | From Change | | K; | | 0 | ৳ | |
| <u> </u> | *************************************** | ections Documented Units | | φ () | | ຕຸ | | |
| | | Sts Directions Document | | A OZH | Ö. | A Q2H Erved: Y | A Q2H | |
| Oji, Greg X M.D | X32346629 SES K.ES514-1 | Zime by | (continued) | 1357 BG | reer (Y/X): N DS 1/2NS WITH 20MEQ KCL | Time IV (#1) started: A Q2H O5/15/16 1357 AG Respiration Observed: Y F#11 Precautions: Y Wm1: Not Applicable | lly, are n program duction c limited | s, applicable. applicable. PATIENTS I NIGHT |
| Attending: Oji, | Account #: K323 Location: SES Room/Bed: K.ES | corded | : 05/15/16 Time: 1200 (Greed With Assistance (Continued) Supplement: | Time: 1300 Tare 50 05/15/16 1357 md | ų. | | because to mean your man you because to be are as socked: You be bestion: 10W I Alarms On and Audible: Y CPM in use: N Pr. Off Unit: Same Same Same Same Same Same Same Same | directics, etc). 2. USE CORRECTOR LEXSES, if applicable, 3. ASSIST WITH AMBLATION. 5. USE NON-SKID FOOTWEAR. 6. USE NON-SKID FOOTWEAR. 7. ENSURE ADEQUATE LIGHTING AN IGHT RESURE DESCRIPTING AND ASSISTENCE. 8. USE NON-SKID FOOTWEAR. 9. USE PROTECTIVE/ASSISTIVE DEVICES |
| Atte | | vention Descri Occurred e Time by | : 05/25/36 T2 Feed With Assistance Grame or Companies | Check/C 1300 E Right He | Central Normal 10 (free text | nged Site #1: nged Time #1: started: 05/14/16 Time sefery Checks 05/15/16 1300 BG 05/1 ber Au Bedeide: Y prione In Reach: Y Crib Rails (Dp / Down): Number Of Bed Rails Up: | Decares Indeas Servin A Bed Brakes Indeas Servin All Alarms On and Audible: Y CPM in use: N Pt. Off Unit: N Pt. off Unit: N Pt. and, as needed, unear feducated on the fall reduct and any individualized fall strategies, including, but to: | TESYCHOLOGY, ATTIHISTER THELOS, ETC). USE CORRECTIVE LENSES, ASSIST WITH AMBULATION. OFFIRE BATHROOM ASSISTAN. USE NON-SKID FOOTWEAR. CLOSELY OBSERVE DISORIE ENSURE ADEQUATE LIGHTIN USE PROTECTIVE/ASSISTIN |
| e %50 A5 | X000629604 05/14/16 at 0328 DIS IN | l/Incer Dat | Activity Date: 05/15/16 5003C-3 Feed With S | 1 (1) | Perigherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Rate (cc/fr) #1: 10 Type Of IV Solution #1 (free text): D5 1/2NS WIT Site Charged #1: IV Tobing Charged #1: PST Limit Settings #1: | IV Dressing Changed Site #1: IV Dressing Changed Time #1: Date IV (#1) started: 05/14/16 20002. Safety Checks - Document 05/13/16 1300 BG Family Member At Bedside: Y Call Light/Tolephone In Readin: Y Call Light/Tolephone In Readin: Y Call Light/Tolephone In Readin: Y | Are Decreated by the Decreated by Target Stocked: All Alarms On and Audible: CPM in use: Pt. Off Unit: Ft. and, as needed, thell red educated on the fall red and any individualized fal strategies, including, b to: 1. NED-TARTON RENTEW (VA | diumetic 2. UST C 3. ASTS 4. OFFR 6. USF N 7. ENSUR 8. USF P |
| Age/Sex: 4Y | Unit #: KC Admitted: 05 Status: DI | Problem/Goa Activity Type | Sculving 550030-a | Activity Da | Perigheral Site Desc Rate Type Of IV S Site TV Tubing PSI Limit S | TV Dressing IV Dressing Date IV (# 200621 - Document Family Call Light/ | 200023 | |

| | | | | 927 | Page 1312 of 1758 |
|---|--|--|--|--|--|
| Page: 25 of 41 | Printed 10/01/19 at 1352 | Pron Chance | Ct Ct | | មួ |
| | * | Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Comment Units | Activity Dato: 05/15/16 Time: 1700 (continued) 200021 Safery Checks (continued) Bed High OR Low Position: LOW Ali Alarms Or and Acabible: Y CPV in use: N Pr. 05 Unit: N Pr. 05 Unit: N Pr. 12 Alsk Intervention N Pr. and, as needed, their family, are educated on the fall reduction program and any indivensitied fall reduction strategies, including, but not limited | cutipsychotics, antihistamines, dimetics, etc). 2. USE CORRECTIVE IENSES, if applicable. 3. ASSIST WITH ANGUATION. 4. OFFER BAIRBOON ASSISTANCE. 5. USE NON-SKIED FOOTWEAR. 6. CLOSELY OBSERVE DISORIELED PATIENTS 7. ENSURE RAIRBOON ASSISTANCE. 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-drains, etc). 9. SDUCKE FAVILY TO REINFORCE FALL PREVENTION ENGINE PREVENT TO ASK FOR ASSISTANCE OUT OF BED. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PRITENT TO ASK FOR ASSISTANCE OUT OF BED. 12. KEEP ROOM FREE OF CLUTTER. 12. KEEP ROOM FREE OF CLUTTER. 13. ASSISTANCE OUT OF BED. 14. ENSURE PRITENT ONE ITEN'S ARE WITHER REACH. 15. KEEP ROOM FREE OF CLUTTER. 16. ACTIVITY Date: 05/15/16 1700 BG 05/15/16 1710 BG ACTIVITY Date: 05/15/16 1700 BG 05/15/16 1710 BG | 450010 Intake A 06,18 - Document 05/15/16 1710 BG 05/15/26 1711 BG 10.7 - Document 05/15/16 1710 BG 05/15/26 1711 BG 10.7 - ORAL - just H2O (m1): - ORAL ("Tour water) m1: 600 - Time Flushes (m1): - PEG Time Flushes (m1): - Input (m1): 415 - Input (m2): - Input (m |
| | Liis-Knighton South Nursing **INVEHINS PRINT ALL NURSING INFORMATION | Prom Charge | | E) Xi | Ĉ |
| Age/Sex: 4Y 64X P Attending: 0ji, Greg M.D. | | Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Docurred Socrepted Sype Date Time by Comment Units | 200623 High Fall Risk Intervention (continued) 5. USE NON-SKID FOOTARA. 6. CLOSELY CREENED PATIENTS 7. ENGINE ADEQUAE LIGHTING AT XIGHT E. USE PROINCITY/ASSISTIVE DEVICES (WC, Geni-contins, etc.). 9. EXCONTE PAYIN TO REINFORDE FALL PREVENTION STRATEGIES. 10. INSTITUT OF BED. 11. ENGINE PATIENT ONE ITEMS ARE WITHIN REACH. 12. REED ROOM FILE OF CONTINE. 12. REED ROOM FILE OF CLITTER. | 5/16 | Type of IV Solution #1 (Tree text): Do 1/AS Will Zurey All Site Charged #1: |

| ፋ <u>ሃ</u> 0 ද ሂ ም | YA∺ ≟ |
|--|---|
| SALE | Krighton South Nursing **LIVE** FRINT ALL NURSING INFORMATION |
| Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Time by Comment Units Change | Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Time by Comment Inits Change |
| Activity Date: 05/15/16 | Activ_ty Date: C5/15/16 |
| 450100 Output A 05/15/16 1712 HG 05/15/16 1712 HG 05/16 1712 HG 05/15/16 1712 HG 05/15/16 1712 HG 05/16 1712 HG 05/16/16/16/16/16/16/16/16/16/16/16/16/16/ | 100006 Discharge Assessmont/Planning A AS NEEDED CP - Document 05/15/16 2000 IDS 05/15/16 2046 IDS |
| Crime cath. (ml): Date Cath Inserted: Color Of Crime: NOT OBSERVED Character of Crime: Not Observed | Discharge Prob_cns/Needs Tdentificd: Y :::::::::::::::::::::::::::::::::: |
| If No Output, Is Pt. On Dialysis. If No Output, Is Pt. On Dialysis. Stool Wight Co's Date: 05/15/16 Last Void Line: Stool Wolgit Co's Date 0f Last EX: 05/15/16 | HE/U CARE: 1/U CARE : WED_CAL ATTENTION : |
| Stool Consistency: Color Of Stool: Amount Of Stool: Liscostany (nl): New Colostany (nl): Old Color of stools | Aniangements Made to Meet Need(s): Y :ONGOING |
| Secret Tube (m.) : Recret Tube (m.) : Est. Bld Loss (m.) : Meds Bld Loss (m.) : | 100507 Reassessment/Evaluation - Pediatrics A 2irection ->07,19 Document when Gone - Document 05/15/16 2000 TDS 05/15/16 2051 TDS - Date: 05/15/16 Shift: 7F - 7A October 05/15/16 Shift: 7F - 7A |
| Chest Tube #1 (ml): Chest Tube #2 (ml): Drein 1: | Focus / Plan For The Day: COMFORT/SAFETY MEASURES, RESP STATUS Plan Of Care Discussed With Patient: Y Plan Of Care Updated: 05/15/16 |
| | Wound: N Dressing: N Drain: N Pain At Present Time: N Swallowing Difficulty: N |
| Drain 4: Drain 4: Unostomy (nl): Neptrostomy (nl): WOND EVAC. #1 (nl): | s: Responds to parent t: Pediactric/ quiets easil Regilar and Effortless |
| Aff. Of Cr Asp. Of Misc. Body Fluid: (m.): Source Of Output Or Asp. Of - Misc. Body Fluid: | LOUGH: NOTE - LOUGH: NOTE OBSERVED - Expectorant Color: Not Observed - Consistency: Not Observed |
| Activity Date: 05/15/16 | Paise Quality: Normal Pulsation Edena Of Extromity: Norm Abdonem: Soft/Active Bowel Sounds Bowel Sounds: Normal |
| IV Sice #1: Right Hand sally Inserted Central Catheter (Y/N): N scription #1: Normal | Bowel Movement This Shift: N Date Of Last Bowcl Movement: Are You Having PALN / DISCOMFORT Now: N |
| Rate (cc/ix) #1: 10 Type Of IV Solution #1 (free text): DISCONTINUED Site Changed #1: TY Priving Changed #1: | a new episode of pain: location Of Pain: location Of Pain: Character of Pain: |
| IVER TWOMEN CLANGED #1: PSI Limit Settings #1: PSI Actual Reading #1: TV Pressing fite #1: | Guset of Pain: Jain Relieved By: Pain Vade Worse By: |
| TV Dressing Changed Time #1: Date IV (#1) started: 05/14/16 Time IV (#1) started: | Pain score: 0 Pain score: 0Pain Enterventions |

Location: 5ES 05/14/16 at 0328 K000629604 4Y 04N F NI SIC Unit #: admitted: Status:

Attending: Oji, Greg M.D. Account #: K32346629 X.E5514-1 Room/Bed:

Willis-Knighton South Nursing **LIVE** HIMS PRINT ALL NURSING INFORMATION

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No Apparent Problem Excellent I vorify that I have performed a complete skin assessment and documented all findings below. 5 Age Appropriate No limitation Pressure Uicer/Skin impairment Since Previous Assessment: N If YES, list all location(s) and use the Skin Description lookup and/or Free Text for FACH. No Impairment Rarely Woist Change Excellent Skin Temp/Character: Warm & Dry Documented Occasionally Moist Walks Occasionally Slightly Limited Slightly limited Potential Problem Directions Adequate Adecrare (CIO SAREY 31 NEST TESS (LESS TESS VECASE ----No Apparent Problem Fall Risk Total: 13 Occasionally Moist - Walks Occasionally Reassessment/Evaluation - Podiatrics (continued) Commerct Sts No Impairment No Limitation (continued) Adequate Adecrate ģ Very Limited Very Limited Iradequate Compromised Very Moist Chairfast Problem: Recorded Time: 2000 Date Problem/Goal/Intervention Description Extremely Compromised Significant Problem à Completely Limited Completely immobile Constantly Molst Occurred te Timo Activity: worling: Mucrition: Friction/Shear: Tissue Perfusion/Oxygenation: (1) Oriented to Own Ability Sersory Perception: Woisture: Total Braden Scale Score: 24 Very Poor Bedfast Skin Color: Normal Skin Hydration: Normal Activity Date: 05/15/16 Date Activity PERF/OXYGEN FRICT/SHEAR SENS PERCEP NUTRITION WOISTURE ACTIVITY WOBILITY Type 100501 Negative Air Pressure Confirmed - Discharge of air Outdoors or HEPA Filtration Unit(Y/N): N *Is patient DO NOT RESUSCITATE: N Fron Change N Can this catheter be removed? (Y/N): NStandard Precautions: Y Maintain Central Line:TLC/PICC/SWAN/PORT/HD CATHETER/UAC/JWC/BROVIAC? (Y/N): N z SCDs in place at beginning of shift: N TEDs in place at beginning of shift: Documented Crits Directions Heating Pac: N Reassessment/Evaluation - Pediatrics (continued) Type of Reaction: Comment SLS Character Of Urine: Not Observed Color Of Crine: NOT OBSERVED Does the Patient Have any Complaints Or Specific Needs: Specific Needs: CALL NURSE FOR OWSET OF FUSSYMESS Has patient had an adverse drug reaction this shift: N (continued) Feeding Pump: N Ś. 11.00 z Car this line be removed? (Y/N): N Voiding: Y Indwelling Unimary Catheter Y/N: Recorded Time: 2000 Maintain Peripheral IV or FRN Adapter Y/N: Cate Problem/Goal/Intervention Jescription How Yany TV Pumps: 0 Precautions: N Type of Precautions: á. Type: Prarracolog.c (see MAR): Specific Needs: PEDI PAIN SCAIB 11.00 Occurred *Restraint If yes, name of Med: Activity Date: 05/15/16 Comfort measures: Emotional support: Cognitive techniques: Date Non-Prarmacologic: *Restraints: N Activity N : Ours AI 100501

SKIN DESCRIPTION COCATION Response to Surgery/Sedation/Anesthesia 0 Environmental Factors: 2 (4) History of Fall or Infant-Toddler Patient uses assistive devices

Infant-Toddler in Crib

Placed in Bed

<u>(3</u>

(3) 3 to less than 7 years old (2) 7 to less than 13 year old

(1) 13 years and above

(4) Less than 3 years old

Pediatric Fail Risk Assessment

Furniture/Lighting

Patient Placed in Bed

(2) Patient Placed (1) Outpationt Area

FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc):

SKTN OH

(3) Miltiple usage of: Sedatives, Hyphotics, Premothiazines, Antidepressants, Laxatives/Diuretics, One of the meds listed above Other Medications/None Barbituates, Narcotic £ 2

(1) Nore than 48 hours

Respiratory Diagnosis, Dehydratlon,

Neurological Diagnosis

Diagnosis: 3

(F) (E)

(2) Male

Gender: 1

(1) Female

Anemia, Anorexia, Syncope, Alteration in Oxygenation

Psych/Behavioral Disorders

Other Diagnosis

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Cognitive Impairment: 2
(3) Not Aware of Limitations
(2) Porgets Limitations

Medication Usage: 1

(3) Within 24 hours (2) Within 48 hours

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|---|------------------------------------|
| Willis-Knighton South Nuxsing **LIVE** | HINS PRINT ALL NURSING INFORMATION |
| Attending: Oji, Greg M.Y.J. Account #: K32346629 Location: 5ES | Room/Bed: K.E5514-1 |
| Age/Sex: 4Y 04% F Unit #: K005629604 admitted: 05/14/16 gt 0328 | status: DIS IN |

| Problem/Goal/Intervention Description | |
|---|---|
| Sts Directions Promited | Sts Directions From Storight Documented |
| Activity Occurred Recorded John Cornent Change Crange | Date Time by Date Time by Connect |
| Activity Date: 05/15/16 Time: 2000 (continued) | Activ_ty Date: 05/15/16 |
| 10567 Reassessmont/Evaluation - Pediatrics (continued) | 1.D Patient Education (continued) :REACH, ADGIL AT BEDSIDE AT ALK TIMES, PEDI SECURITY SHEET |
| | *1s parien:/iamily motivated to learn (Y/N): Y |
| 102000 Emotional Support/Teaching A AS NEEDED CP - Document 05/15/16 2000 IDS 05/15/16 2051 IDS 80.2 | ZEACHING NEEDS TEACHING SUNDARY |
| Vital Signs Vital Signs taken by | *Disease (Y/X): Y :BRONCHIOZITIS |
| by 811 RN. DE 1-15 (16 2052 TTS 05/15/16 2052 22.4 | <pre>lsolation (Y/N): N :UXIVERSAL *Fourdent (Y/N): Y :OHIL LIGHT</pre> |
| ssure: BP Position: | $\chi = (\chi/\chi)$ |
| BP Type: | *New *Medication (Y/N): Y : NOCEPHIAN PREMANE *New *Medication: :TYLENOI AS NEEDED FOR TEMP Bolucation: |
| Rate: 24 | : 50_low-up care (Y/N): Y :PER NO |
| Safety Crecks A Q2H | Retablises (Y/N): N: |
| - Document 65/15/16 2060 TBS 05/15/16 2051 TBS Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fail Precautions: Y | *National (V/N): Y :Redulak FOR AGE Other Teaching: ORIENTED TO ROOM, PT. HANDBOOK, PT. EDUCATION CHANNEL 95, : PEDI SECURITY SHEET, ADULT AT BEDSIDE AT ALL TEKES, CALL FOR ASSIST |
| Crib Rails (Up / Down): Not Applicable | * s and so has denomer wated comparence to self administer medications: $ m N$ |
| | Nedi: NA Med2: NA Med2: NA Med3: NA |
| Bad Brakes Locked: Y | Method Of Instruction: Explain & Handout |
| | nce Of Loarning Demonstrated By: Expresses Understanding |
| | 206023 High Pall Risk Intervention A Q2H CP |
| Ft. Of unit: N A AS NEEDED CP | educated on the fall reduction program |
| CE 15/16 2000 05/15/16 2048 TDS 05/15/16 2048 TDS 05/15/16 2048 TDS | ard ary indivdualized fall reduction strategies, including, but not limited |
| Jearner's Proferred Wethod: One-on-One Teaching | to: |
| Language Spoker (002): Erglish | NEDICATION REVIEW (Vasoactive drives |
| Tr Orlier, Describe: | artipsychotics, antihistandres, |
| *Religious or Cultural practices that may affect learning: N | diretics, etc). |
| *Physical limitations that may affect learning (Y/N): N | 3, ASSIST WITH AMECIATION. |
| If YES, describe: **Comfigure limitations that may affect learning (Y/N): N | 4. UPER BAILBOOM ASSISSANCE. 5. USE NON-SKID FOOTWEAR. |
| If YES, describe: | |
| *Enotional limitations that may affect learning (Y/N): N If YES, describe: | 7. ENSURE ADEQUATE LIGHTING AT A CHI. 8. USE PROTECTIVE/ASSISTIVE DEVICES |
| If patient has pain, what issues have been discussed with patient regarding this: | (W/C, Geri-chairs, etc). |
| | FREVEXTION STRATEGIES. |
| Pt/Family encouraged to report concurs about Pt. safety issues: Y What safety issues have been addressed with the patient: SR UP X 2, CALL INGHI WITHIN | ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE |
| | |

| Case 5:19-cv-00163-EEF-MLH | Document 49-3 | Filed 05/07/20 | Page 222 of 331 Rage D #: |
|----------------------------|---------------|----------------|---------------------------|
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| Page: 29 | 0/01/29 | ម | | | | | |
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| | Pr | ections Jocumented Units | | cc | 23. | រេ | |
| | | | | ф ф ф | 04н | 02H 3d: Y 18: Y | Ф2н |
| | | Sts D | g) | ٧ 5 | rec: A A al | E A A S Coserve caution | |
| | | i Tire by | (ccmtimued) FOR S ARE A. 6 2351 TJS | Z351 T25 X): N X): N | / (#1) startec: are reviewed 16 2354 TDS 107: Temporal | very: ROOM AIR A Q2H S/16 2351 TDS Respiration Observed: Y Fall Precautions: Y | iy, are progra uction |
| | | cordec | ention (co TO ASK FOI NE TIENS) CLUTTER. CS/IS/16 : | #8: 2351 05/15/16 2351 therer (Y/N): N | | C2 Delivery: ROOM AIR S351 TDS 05/15/16 2351 TDS ide: Y Respiration Ob ach: Y Fall Preca | . Not A |
| | | cription Rect by Date | TETVETA GIES. TAT TO TED. TI CARE | Time: 235; Care Tab 05/15/1 Sand Catherer (Catherer (Sxt): DISCO | fie Time en by a l TIDS 05, BP Pou BP Pou Cf Tempe. | O2 Degraphs of S | Bed Rails Up: 2 Red Rails Up: 2 Red Rails Up: 2 Low Position: IX and Addible: Y CPM in use: N CPM in use in |
| | | on Desc red | High Fall Risk intervention (cont PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSESSANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE MITTEN REACH. 12. KEEP ROCK FREE OF CLUITER. C5/15/16 2200 TDS C5/15/16 235 | This Color This | Granged Sire #1: g Cranged Sire #1: g Cranged Time #1: (#1) started: 05/14/16 Time TI Vital Signs Vital Signs Vital Signs taken by a NAI by an RN. 05/15/16 2351 TIX 05/15. issure: TPUTD: 97.3 Type Of Temperatu | 112 Fedic Redic Red | Urin Fails (up / John): Not Applicable Number Of Bed Rails Up: 2 up because of meds given: N Bed Brakes locked: Y Bed High OR Low Position: LGW All Alaxus On and Avdible: Y CFW in use: N Pt. Off Unit: N High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program and any indivousized fall reduction strategies, including, but not limited |
| | | tervention Occurred | H:gh Fall Ris PREVENTION ST. 10. INSTRUCT ASSISTANCE OC 11. ENSURE PA WITHEN REACH. 12. KEEP ROCK 05/15/16/22 | coe IV Site #1 Check couner 05/15/16 2351 couner 05/15/16 2351 IV Site #1: Right eripherally Inserted Centra Site Description #1: Normal Rate (cc/nx) #1: 10 e Of IV Solution #1 (free to Site Changed #1: V Tubing Changed #1: F Tubing Changed #1: F Tubing Changed #1: F Tubing Changed #1: | Teacing #1. Cranged Site #1. Cranged Time #1. 1) started: 05/14 Vital Signs tak by an RY. 05/15/16 2351 stare: Cper: 97.3 Type (Pemp: 97.3 Typ | te: ilz n te: 24 22: 97 Safery Crecks 05/15/16 23 ember At Bedsi lephone in Rea | urner Or Decause Decause High Or Alarms (Alarms (ard, a ucated (d any in |
| Г | **L_TVE** | cal/Int | | ry Dete: 05/2 rent 05/2 IN Site herally lises Description aget (c/hr) IN Solution IN Solution Site Charged bling Changed bling Changed | ual Rescuing #F. ing Changed I Vital S. Vital Starte Vital S. Vital S. Pyan R. pyan R. pyan R. pyan R. pyan R. pressure: BP Type: Temp: 97.3 | Resp. Rate: 11 Resp. Rate: 24 SAPC: 97 Ummont 05/ Famdiy Member 1 | IIs up II |
| PAH L | Willis-Krighton South Nursing **LIVE* | Problem/Goal/Intervention Description Activity Occurred Re | 200023 - Document | Activity Date: 05/15/16 Time: 2353 200009 IV Site #1 Check/Care - Document 05/15/16 2351 TDS 05/15/16 2351 IV Site #1: #18# Hand Peripherally Inserted Central Catheter (V/N): Site Description #1: Normal Rate (cc/Ln) #1: 10 Type 0f IV Solution #1 (free text): DISCONINUE Site Changed #1: IV Tubing Changed #1: Description #1: 2000 TDS CONINUE Site Changed #1: 2000 TDS CONINUE Description #1: 20 | | Resp. Rate: 112 Feat. 12 Resp. Rate: 24 C20021 Safery Checks - Document 05/15/16 2351 TDM Family Member At Bedside: Y Call Light/Telephone in Reach: Y | Are bedrails up because of neds gails Up: Are bedrails up because of neds given: Bed Brakes Locked: Bed High OR Low Position: All Alarus On and Andibies CPW in use: Pt. Off Unit: Pt. Off Unit: Pt. and, as needed, theil educated on the fall reducated on the fall reducated and any indivonalized falset and any indivonalized falset and any indivonalized falset. |
| | South N. NJRSIN | | 1 7 | 7 7 7 N | | | - Ar |
| | ghtor f | From | , X | | ů | Ů | |
| | Lis-Kri | | | | | | |
| | . Liw | ons cented Units | | , , | 17) LD | | |
| | | Sts Directions Documented GMMMENT Units | | | | | |
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| o. | | its D | A QZE | | A Q2H rved: Y ions: Y | А Q2H | |
| × | |) Âq | 4 | | TDS OBSERVEG: Y Precautions: Y cable | 4 | cab.e. |
| i, Greg M M.1 | 2346629 S E5514-I | zine by c | 4 | (Y/X): X XTINUED YOUR AND A SECOND AND A SECOND ASSECTION ASSECT | A A A A A A A A A A A A A A A A A A A | 4 | ctive drugs, nes, f applicable. E. TEC PATIENTS AT NIGHT DEVICES |
| ing: 0;;, Greg K X.D. | | corčeć e zíme by C | 4 | neter (Y/X): X DISCONTINUED | 15/16 Resp Not Not Y Y Y | 4 | (vasoactive drugs, nistarines, nistarines, NSES, if applicable. SISTANCE, SISTANCE, SALENTE PATIENTS CHITTICS AT NIGHT SISTIVE DEVICES tc). |
| | Account #: K32346629 Location: 5ES Room/Bed: K.E5514-1 | corčeć e zíme by C | 4 | Triand (27N): N said (27N): N | 15/16 Resp Not Not Y Y Y | 4 | REVIEW (Vasoactive drugs, s, antinistarines, c). ILVE IENSES, if applicable. E AMAUATION. ROOM ASSISTANCE. ID POOTWAR. SERVE DISORIENTED PATIENTS QUATE LIGHTING AT NIGHT TIVE/ASSISTIVE DEVICES alls, etc). MILL TO RELYFORCE FALL |
| | Account #: 6328 Location: Room/Bed: | corčeć e zíme by C | 4 | 1: Algit Pand cd Central Catherer (Y/N): N d: Normal ti: 10 ti: 1 | 15/16 Resp Not Not Y Y Y | 4 | ICALION REVIEW (vasoactive drugs, ychorics, antinistarines, ics, etc). CORRECTIVE IENSES, if applicable. IST WITH AMBURATION. ER BATHROOM ASSISTANCE. NON-SELV ORDEWAR. SELV ORSERVE DISORIENTED PATIENTS JRE ADEQUATE LIGHTING AT NIGHT FROTECTIVE/ASSISTIVE DRUCES Geri-chairs, etc). DATE PAMIN TO RELYFORCE FALL. |
| Attending: | Account #: t 6328 Location: Room/Bed: | corčeć e zíme by C | gh Fall Risk Invervention (continued) LIMIN REDACH. L. KEEP ROOM FREE OF CLUTIER. GS/15/16 2000 IDS 05/15/16 2051 IDS CS/15/16 Time: 2200 A Site #1 Creck/Care | OSTITUTE AND | 15/16 Resp Not Not Y Y Y | family, are tion program reduction not limited | antipsychotics, antinistanines, diuretics, erc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASSIST WITH ANGULATION. 4. OFFER BATHAROM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY GASHERVE DISORTENTED PATIENTS 7. ENSURE ADEQUATE LICHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc). 9. EDUCATE PAWILY TO RELYBORCE FALL. |
| 4Y C4M F Attending: | X000629604 Account #: 05/14/16 at 0328 Location: DIS IN Room/Bed: | corčeć e zíme by C | High Fall Rick Intervention (continued) WILHY REACH. 12. KEEP ROOM FREE OF CLUTIER. 05/15/16 2000 IDS 05/15/16 2051 IDS Date: C5/15/16 Time: 2200 | TV Site #1: Right Fand ally Inserted Central G scription #1: Normal G (cc/rz) #1: 10 Sclution #1: 10 Sclution #1: Gree text) G Charged #1: G Charged #1: G Charged #1: G Charged #1: G Charged Site #1: | 15/16 Resp Not Not Y Y Y | 4 | 1. MEDICATION REVIEW (Vascattive drugs, antipsychorics, antinistarines, directes, etc). 2. USE CORRECTIVE IENSES, if applicable. 3. ASSIST WITH AMBURATION. 4. OFFER BATHAROW ASSISTANCE. 5. USE NOW-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT. 8. USE FROITECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc). 9. EDUCATE FAMILY TO RELYFORE FALL. |
| Attending: | X000629604 Account #: 05/14/16 at 0328 Location: DIS LN Room/Bed: | ention Description Coursed Recorded 75me by Date 75me by C | High Fall Rick Intervention (continued) WILHY REACH. 12. KEEP ROOM FREE OF CLUTIER. 05/15/16 2000 IDS 05/15/16 2051 IDS Date: C5/15/16 Time: 2200 | | 05/15/16 Resy Rown): Not S. Up: 2 From: Not Coked: Y Cion: LOW | 4 | i. MEDICALION REVIEW (VASOACTIVE drugs, antipsychorics, antihistarines, diuretics, etc). 2. USE CORRECTIVE IENSES, if applicable. 3. ASSIST WITH AMBURATION. 4. OFFER BATHAROOM ASSISTANCE. 5. USE NON-SKID FOOTWAR. 6. CLOSELY GASERVE DISORIENTED PATIENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE ROTECTIVE/ASSISTIVE DEVICES (W/C, Gerl-chairs, etc). 9. EDUCATE PAMILY TO RELAFORCE FALL. |

| | | | | | | 9 | 32 | | | Pag | e 1317 of 1758 |
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| 0 cf 41 | at 1352 | From | | | 8 | | (| Ì | | Ĉ | |
| Pagc: 30 | Printed 10/01/19 | 5 | | | | | | | | | last Void Time: . BM: |
| | Printe | ections Documented Units | | | 21.4 | | | 10.7 | | 10.7 d: | .: Date Of Last EW: |
| | | 검 | | | Q4H | | | р | | A 06,16 | Date Of |
| | | Sts D by Comment | sc: | | .ewed A | ora: | | A SCT | | A | Last Void Date: out cc's D |
| | | ded Time | enticn (continued) coloriste bevices coloriste bevices sence coloriste coloriste bevices coloriste coloris | او | are revi | Jent. | ry: ROOM | . 9070 91/91/50 | | 16 C406 | 2 g: gt |
| | | iption. Recorded V Date | Risk Intervention (controller) - Chairs, etc) - Chairs, etc) - FAMILY TO REINFORCE V STRATEGIES. NOT PATIENT TO ASK FOR STOLOF RED. S COL OF RED. S PATIENT CARE ITENS ACH. ROCK FREE OF COUTER ROCK FREE OF COUTER COLS FOR STOLOF SEC. | Time: 0406 | by a NAI are | O. 11 13 | C2 Jelivery: ROOM AIR | | | Ø 61 01 11 10 | S Ft. Or. Dialysis: Void X NM: 2 Stool Weigs Stool Consisterroy: Color Of Stool: Amount Of Stool: Lieostorry (Tr.): Coloscomy Output: (Num. of Stools): Num. of Stools): |
| | | ion Descrip cred Time by | USE PROTECTIVE/ASSISTIVE DEVICE USE PROTECTIVE/ASSISTIVE DEVICE (/C, Geri-chairs, etc). EDUCATE FAMILY TO REINFORCE FA EDUCATE FAMILY TO REINFORCE FA EVENTION STRATECHES. INSTRUCT PATIENT TO ASK FOR SISTRANCE OF RED. INSTRUCT PATIENT CARE ITEMS ARE THIN REAGH. ITEMN REAGH. INSTRUCT PATIENT CARE ITEMS ARE THIN REAGH. INSTRUCT PATIENT CARE ITEMS ARE THIN REAGH. INSTRUCT PROOF REE OF CLUTTER. OS/16/16 0156 TDS 05/16/16 015 | 9 | ns ns taken by 6 0406 705 | Type Of Heart | | 6 5406 TDS | | tput 05/16/16 0406 TDS 05/16/ Urine voided (ml): Urine cath. (ml): Color Of Urine: Character Of Urine: Character Of Urine: Urine Incl Est (ml): | Void X NN: X: Stool Consideracy: Color Of Stool: Amount Of Stool: Lieostomy (T.): Theostomy (T |
| | * * | Intervention Occurred Idate Ini | High Fall Risk Intervention (continue, USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-craivs, etc.). 5. EDUCATE FAMILY TO RETREGREE FALL FREVENION STRATECTES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF RED. 11. ENGINE PATIENT CARE ITEMS ARE WITHIN REAGH. 12. KEEP ROOM, FREE OF CLUTTER. 05/16/16 0156 TDS 05/16/16 0156 | Date: 05/16/16 | Vital Signs Vital Signs taken by a NAL are reviewed by an RV. C9/16/16 0406 7DS 05/16/16 0406 7DS | Sure: Type: Temp: 97.4 Rate: 104 | Rate: 24 SAC2: 96 | ncaxe 05/16/16 0406 -20 (ml): ster) ml: 120 | <pre>reed (m1): Lushes (m1): Lushes (m1): TV (m1): TVPB (m1): TVPB (m1): TPN (m1): TPN (m1): Blood (m1):</pre> | | If No Output, 3 Stool X: Stool X: New Octory Output |
| Ĭ. | 111s-Knighton South Nursing **LIVE* HINS PRINT ALL NURSING INFORMATION | Problem/Goal/Intervention Description Activity Occurred Re Type Date Time by Dat | ກອກເ | Activity Date | 2695 | UI | esp. Ra: SAC | ment - just i (not we | Tube Feed NGT Tube Flushes PEG Tube Flushes TV TPB TPB Tpbid Blood | ment | If No Output, Is Pt. Cr. Dialysis Void X NM Stool X: Stool Consistency Color Of Stool Amount Of Stool Ileostory (T.) New Colosromy Output Oid Colostory Output (Num. of Stools) NG (ml) |
| | South Nursing NURSING INFO | | 200023 | Acti | 070005 | 00 /il: | | - Docur ORAL CRAL | NGT PEG 1 | 450100 - Docu | Ċ |
| | ighton So INT ALL N | From Chance | | | | | | G | | B | |
| | Willis-Knighton HIMS PRINT AL | | | | | | | | | | |
| | _ | ections Jocumented Units | | | | | | ហ្ | | | |
| | | Sts Directions Comment | | | | | | Q2H ved: Y | | 02н | |
| × × × · · · · · · · · · · · · · · · · · | D 11 | λα | Linned) drugs, drags, | lal sa | 14 | SCT | | A Q2H 6/16 C156 TDS Respiration Observed: Y Fail Procautions: Y | icabie. | A are ogram ion mited | árugs, icable. ITENTS GHT |
| | X32346629 SES X.ES514-1 | on Recorded Rice Time | om (continued) cactive drugs, mines, if applicable if applicable ince: | NG AT NE(| ic). REINFORCE FA: 5. TO ASK FOR | AE ITENS ARE CLUTTER, 05/15/16 2351 | 9556 | 05/16/16 C156 TDS Respiration O Fail Proc | Not App. 2 N Y IOW Y | ion r family, uction pr 11 reduct ut not ii | soactive emines, , if appl N. ANCE. ANCE. |
| Attending: 0;1, | Account #: Location: Room/Bed: | rription Reco | TETVENT! VIEW (VAS ELINES, WELLATION W ASSISTA FROOTWEAR. VE DISOUT | = TGHT | s, etc). Y TO REIN EGIES. TEVT TO A | 5 5 8 | ë | rn | ity / Down): ad Rails Up: meds given: ixes Locked: by Position: and Audible: CFW, in use: | off Chit: ind, theil fall red liized fa | SVIEW (va antihist /E LENSES AMBULATIO OM ASSIST FOUTWARK VE DISORVARY |
| At | AC 0328 L | Problem/Goal/Intervention Description Activity Occurred Recype Time by Jac | High Fall Risk Intervention (continued) to: . MEDICATION REVIEW (WASGACTIVE drugs, antipsychotics, etc). 2. USE CORRECTIVE LENSES, 1f applicable 3. ASSIST WITH ANGUATION. 4. OFFER BATHKOON ASSISTANCE. 5. USE NOW-SKIED PROFENS. 6. CLOSELY OBSERVE DISORLENED PALIENTS | ENSURE ADEQUATE LIGHTING AT NIGHT USE PROTECTIVE/ASSISTIVE DEVICES | (W/C, Gencrairs, etc). 9. EXCARE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. 1C. INSTRUCT PATIENT TO ASK FOR ASK-TRANT OFF ADD. | 12. ENGLEE PALIENT CARE ITENS ARE WITH REACH. CARE CONTIEN. 12. KEEP ROOM FREE OF CLUTTER. 05/15/16 235 | 91/ | 2. e 9. e | Crib Raiis (Up / Down): Not Applicable Number Of Bed Ralis Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y CFM in use: N | High Fall Risk Intervention Pr. ard, as needed, their family, are educated on the fall reduction program and any indivolatized fall reduction strategies, including, but not limited to: | 1. NEDICATION REVIEW (Vasoactive drugs, antipsychotics, antihistamires, diuretics, etc). 2. USE CORRECTIVE LENSES, If applicable, 3. ASSIST WITH AMBULATION. 4. OFFER BATHROOM ASSISTANCE. 5. USE NON-SKID FOOTWEAR. 6. CLOSELY OBSERVE DISORIENTED PATENTS 7. ENGURE ADEQUATE LIGHTING AT NIGHT |
| 4Y 04N F | | /interven: Occ | High Fal to: YEDIC antipsyc dimethory dimethory 2. USE 2. 3. ASSIS 4. OFFER 6. CLOSE N | 7. ENSUR 6. USE P | (W/C, Ge 9. EDUCA PREVENT: 1C. INS: NATSTAR | 11. ENSURE PA WITHIN REACH. 12. KEEP ROOM 65/15/16 23 | Activity Date: 05/16/16 | Safety Checks 05/16/16 01: Wember At Bedsid | Crib a Number up becau Back High | High Farand Pt. and educate and any strateg | i. YEDI antipsy diureti 2. USE 3. ASSI 4. OFFE 5. USE 6. CLOS 7. ENSU |
| Age/Sex: 4Y (| | blem/Goal, Activity Type | 53 | | | Document | ivity Dat | 200021 - Document Family N Call Light/Te | bečrail.s | 223 | |
| Age/ | Unit #: Admitted: Status: | Prol | 200023 | | | 8 | Act | 200021 - Docu F | Are | 200023 | |

| Age/Sex: 4Y G4M F Attending: Oji, Greg M. N.D. | HEXDERSON, A | Page: 31 | of 41 |
|--|---|--|-------------------------------|
| | Willis-Knighton South Nursing **LIVE** HIMS PRINT ALL NURSING INFORMATION | irg **LIVE** NFGRVALION | |
| Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded The by Comment Units | Prob From A | Probicm/Goel/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Comment Units Change | se 5:19- |
| Activity Date: 05/16/16 Time: 0406 (continued) | 200053 | 3 High Fall Risk Intervention (continued) ASSISTANCH OUT OF BED. 1. ENGINE PARTEY CART TRAS ARE | cv-00 |
| <pre>450100</pre> | - Doc | WITHEN REACH: 12. KEEP ROOM THPE OF CLUTTER, Document 05/16/16 0406 TDS 05/16/16 0406 TDS Activity Patc: 05/16/16 Time: 0536 | 163-EEF |
| Chest Tripe #1 (~1): | . 20001. | 200021 | -MLH ಕಿ |
| Drain 3: Drain 4: Drain 4: Drain 4: Vorecony (ml): WCND EVAC: #1 (ml): Amt. of On Asp. of Misc. addy Fluid (ml): Source of Output Or Asp. of - Misc. addy Fluid: 20021 Safety Crecks | Nie i. | Crib Rails (Up / Down): Not Applicable Number of Bed Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR low Position: IOW All Alarms On and Audible: Y CPM in use: N | Document 4 |
| ment amily Men ight/Tele | 260023 | Pr. Off Unit: N High Pall Rdsk Intervention Pr. and, es needed, their family, are educated on the fall reduction program and and votalized fall reduction | l9-3 F 933 ម |
| Number of Johns, Nov. Propressore Number of Bed Rails Up: 2 Are bedrails up because of meds of rems of system: N Bed Brakes Low Position: LOW All Alaums On and Audible: Y CPY. in use: N | | strategies, including, but not limited to: to: 1. YEDICATION REVIEW (vasoactive drugs, antipsychotics, antihistamines, diuretics, etc). | iled 05/07/ |
| Pt. Off Unit: N 200023 High Fall Risk Intervention Pt. and, as reeded, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: | පි | 2. USE CORRECTIVE LENSES, 1. epplicable. 3. ASSIST UTIH ADALATION. 4. OFFER BACHBOOK ASSISTANCE. 5. USE NON-SKID FOOTWERR. 6. CLOSELY OBSERVE DISORIENTED PALTENIS 7. ENSIRE ADSOLATE LIGHTING AF NIGHT. 8. USE PROTECTIVE/ASSISTIVE DEVICES | /20 Page 2 |
| i. NEDICATION REVIEW (VASOBCLIVE Grugs, antibes/crotics, antibistamines, diuretics, etc). 2. USE CORRECTIVE LENSES, if applicable. 3. ASS-ST WITH ANSUNCION. 4. OFFER BATHROOM ASSISTANCE. 5. USB NON-SKED POSTRANCE. 6. CLOSELY OBSERVE DISORIENTED PATIENTS | 8 : | 9. EXCACT FAMILY OR ETHEORGE FALL PREVENTION STRATEGIES. 10. INSTRUCT PATIENT TO ASK FOR ASSISTANCE OUT OF BED. 11. ENSURE PATIENT CARE ITEMS ARE WITHIN REAGH. 12. KEEP ROOM FREE OF CLUTIER. Document C5/16/16 0536 IDS 05/16/16 0536 IDS | 224 Of 331 Pa Page 1318 of |
| 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROTECTIVE/ASSISTIVE DEVICES (W/C, Ceri-chairs, etc). 9. EDYCATE FAMIN TO REINFORCE FALL PREVENTION STRATEGEES. 10. INSTRUCT PATIENT TO ASK FOR | ACTÍV 16006 - DOCK | Activity Date: 05/16/16 Time: 0715 100006 Discrarge Assessment/Planning A AS NEEDED - Document 05/16/16 0715 AST 05/16/16 0812 AST | igeID #: 1758 |

| Age/Sex: 4Y 04M F | Attending: Oft, Greg M M.D. | HENDERSON MAN I | Page: 32 of 41 |
|----------------------------|-----------------------------|--|--------------------------|
| Unit #: K0C0629604 | Account #: K32346629 | | |
| Admitted: 05/14/16 at 0328 | Location: 5ES | Will's-Knighton South Nursing **LIVE** | Printed 10/01/19 at 1352 |
| Status: DIS IN | Room/Bed: K.E55_4-1 | HINS PRINT ILL NURSING INFORMATION | |
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| Problem/Goal/Intervention Description | Problem/Goal/Intervention Description |
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| Sis Directic Corded Docum | Sts Directions From Activity Occurred Recorded Documented |
| Type Date Time by Date Time by Comment Units Change | Type Date Time by Date Time by Comment Units Charge |
| Activey Date: 05/16/16 Time: 0715 (continued) | Activity Jate: 65/16/16 Time: 0715 (continued) |
| 100006 Discharge Assessment/Planning (continued) | 100507 Reassessment/Evaluation · Pediatrics (continued) |
| Discrarge Problems/Needs Identified: Y | CONFOCT HEALTH STATES. |
| DEST POSCATIONS F/U CARE WHEN TO SEEK MEDICAL ATTENTION | COGENIANO SECTIONNESS. VOIGING: Y INDAMELING UNIMARY CATHETER Y/N: N CAN this catheter be removed? (Y/N): N COLOR Of Utine: NOT OBSERVED CHARACTER Of Utine: NOT Observed |
| | IV Pump: N How Mary IV Pumps: O Feeding Pump: N Heating Pad: N |
| Arrigements made to meet weet is: I (MXOING | SCDs in place at beginning of shift: N TEDS in place at beginning of shift: N |
| | Maintain Central Line:TLC/PICC/SWAN/PORT/HD CATHETER/RAC/UVC/BROVIAC? $(Y/N):N$ Can this line be removed? $(Y/N):N$ |
| ion - Pediatrics A Document when done | Maintain Feripheral JV or PRN Adapter Y/N: N |
| - Document 65/26/16 0715 AST 05/16/16 08.3 AST 0.0 Date: 05/26/16 Shift: 7A - 72 Focus / Plan For The Day: COMPORT/SARETY MEASURES, RESP STAINS | rRestraints: N rRestraint Type: Has patient had an adverse drug reaction this shift: N If yes, name of Med: Type of Reaction: |
| Plan Of Care Discussed With Patient: Y Plan Of Care Opdated: 05/16/16 Wound: N Dressing: N Drain: N Pain At Present Time: N Swallowing Difficulty: N | Does the Patient Have any Complaints Or Specific Needs: N Specific Needs: OAL WESSE FOR ONSET OF FUSSYNESS |
| Level Of Alertness: Asleep Pupillary Resortion: Equal/Reactive *Emotion/Psych Assmt: Pediactric/ quiets easily Responds: Spontaneously Ventilator N Responds: Assmt: Requiat and Effortless *Breath Sounds: Wheering | <pre>specific Needs: File State State Precautions: N Type of Precautions: Negative Air Pressure Confirmed - Discharge of air Outdoors or HMPA Filtration Unit(Y/N): N *Is patient DO NOT RESUSCIPATE: N</pre> |
| Arround © 100 | Pediatric Fall Risk Assessment Age: 4 Age: 4 (4) Loss than 3 years old (2) 3 to less than 7 years old (2) 3 to less than 1 year old (3) 3 to less than 3 year old (4) Infant-toddier in Crib or (5) 13 years and above (6) Environment (7) 13 years and above |
| Bowel Movement This Shift: N Date Of Last Bowel Movement: | (2) (1) Femaie (1) |
| Are You Fauly FALN / DECOMPENT. NOW: A Is this a new episode of pain: N Location of Pain: Therefore of Pain: | · |
| Character of Pain: Craet of Pain: | Aneria, Arorexza, Syncope, Distiness, erc. (3) |
| Pain Made Worse By: Pain Made Worse By: Pain scale used to assess pain: | tics, |
| Pair score: 0 | s (2) One of the meds listed above (1) Other Medications/None |
| Pharmacologic (see MAR): | (1) Oriented to Own Ability Fall Risk Total: 13 |

| | | | | | 935 | | | | Pi | age 1320 01 175 | ю. |
|--|--|--|---|--|---|--|--|---|---|--|---|
| Nursing **LIVE** Nursing **LIVE** ING INFORMATION | Problem/Goal/Intervention Dascription Sts Directions From Activity Occurred Recorded Documented Time by Cornent Units Change | Activity Date: 05/16/16 Time: 0715 (continued) | 180507 Reassessment/Evaluation - Pediatrics (continued) | 102000 hnotional Support/Teaching A AS NEEDED CP - Document 05/16/16 0715 AST 05/16/16 0813 AST 1D Patient Education A AS NEEDED CP - Document 05/16/16 0715 AST 05/16/16 0812 AST Learner: Speferred Method: One-on-One Teaching Language Spoken (002): English If Other, Describe: | *Religious or Cultural practices that may affect learning: N 11 YES, describe: *Cognitive limitations that may affect learning (Y/N): N 12 YES, describe: *Cognitive limitations that may affect learning (Y/N): N 12 YES, describe: *Enctional limitations that may affect learning (Y/N): N 12 YES, describe: 12 PES, describe: 13 Patient has pain, what issues have been discussed with patient regarding this: 14 NOTIEY STAPP OF ANY C/O PAIN, FIACC PAIN SCALE | • | P:/Family encouraged to report concerns about Pt. safety issues: Y What safety issues have been addressed with the patient: SR UP X 2, CALL LIGHT WITHIN REACH, ADULT AT BEDSIDE AT ALL TIMES, PEDI SECRITY SHEET. | *Is patient/family motivated to learn (Y/N): Y If NO, explain: IEARNING NEEDS TEACHING SUNGARY | *Disease (Y/N): Y :BRONCHIOLITS isolation (Y/N): N :ENVERSAL *Equipment (Y/N): Y :REASSESSMENT *Procedure (Y/N): Y :REASSESSMENT *Medication (Y/N): Y :ROCEPHIN, PREJONE *New Medication (Y/N): Y :ROCEPHIN, EDDED FOR TEMP | *Follow-up care (Y/N): Y :PER MD Retab/Resources (Y/N): N : REGULAR FOR AGE *NULTITION (Y/N): Y :REGULAR FOR AGE Other Teaching: ORIENTED TO ROOM, PT. HANDBOOK, PT. EDUCATION CHANNEL 95, : PEDI SECURITY SHEET, ADULT AT BEDSIDE AT ALL TIMES, CALL FOR ASSIST | lf applicable, pt has demonstrated competence to self administer πedications: N Medi: NA |
| Age/Sex: 4Y 04X F Attending: O.i. Greg X X.D. Unit #: K000629604 Account #: X32346629 Admitted: 05/14/16 at 0328 Location: 5ES Admitted: 05/14/16 at 0308 Location: 5ES Ricatus: DIS IN ROOM/Bed: K.E5514-1 HINS FRINT ALL NURSING INFORMATION | Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Change Change Time by Connent Units Change | Activity Date: 05/16/16 Time: 0715 (continued) | 100507 Reassessment/Evaluation - Pediatrics (continued) | SENS PERCEP Completely limited very Limited Sightly Limited No Impainment YOISTURE Constantly Moist, Very Moist, Moist, Very Moist, Very Moist, Moist, Very Moist, Moist, Moist, Very Moist, Moist, Moist, Very Moist, Moist | Sensory Perception: 4 - No Impairment Moisture: 3 - Occasionally Moist Moilling: 4 - Walks Occasionally Moilling: 4 - No Limitation Numbilion: 3 - Adequate Friction/Shear: 4 - No Apparent Problem Jotal Braden Scale Score: 24 | I verify that I have performed a complete skin assessment and documented all findings below. | Skin Color: Normal Skin Temp/Character: Warm & Dry Skin Hydration: Normal | Pressure Jicer/Skin Impairment Since Previous Assessment: N If YES, list all location(s) and use the Skin Description lockup and/or Free Text for FACH. ICOATION SXIN DESCRIPTION : | | : FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, draimage, odor, etc): : | |

| Case 5:19-cv-00163-EEF-MLH | Document 40.2 | Eilad 0E/07/20 | Dago 227 of 221 DagoID #: |
|-------------------------------|---------------|----------------|---------------------------|
| Case 3.19-CV-00103-EEF-IVILIT | Ducument 49-3 | Filed 05/07/20 | raye 221 01 331 raye10 #. |
| | 026 | | |

| | | Attending: 0;1, Greg M.M.D. | HENDERSON | YASI Z | Page: 34 of 41 |
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| | 3604 16 at | | Cilis-Knighton Sout HINS PRINT ALL NUR | | /01/19 at 1352 |
| | Problem/Goal/Intervention: Activity Occurred | Sts Directio Societ Document | Prom Charge | Sts Directions corded Documente to Time by Commence | From Change |
| Stricts Harmacien Continued | | Time: 0715 (continued | | High Pall Risk Intervention (continued) | |
| Value Grigid Consoleration Consolerati | 2.0 Patient Educa Xenhod Of D | cion (ountinued) nstruction: Explain & Handout strated Wy: Expresses Understanding | | artipsychotics, anthistamines, diuretics, etc). 2. USE CORRECTVE LENSES, if applicable. 3. ASSIST WITH AVECTATION. | |
| Part | Activity Date: 05/16/16 | Time: 0800 | | 4. OFFER BATHROOM ASSISTANCE. 5. USE NOSKID FOOTWEAK. 6. OF OGET V CREENE THEORY THE TRIES. | |
| Strong S | gent 1 | A Q2H 05/16/16 0813 AST | SZ | 7. ENSURE ADEQUATE LIGHTING AT NIGHT 8. USE PROJECTIVE DEVICES 10. Certachting e-r.) | |
| ### (2017 1918) 1918 191 | IV Site #1: Peripherally Inserted Cen Site Description #1: | nral Catheter (Y/N): | | 9. EDUCATE FAMILY TO REINFORCE FALL PREVENTION STRATEGIES. | |
| | Rate (cc/hr) #1: Type Of IV Solution #1 (fre | | | 10. INSTRUCT PATILITY TO ASK FOR ASSISTANCE OIT OF BED. 11. ENSURE PATILITY CARE LIEVS ARE | |
| ##: Time TV (=1) started: A | Tubing Changed Tubing Changed | | | WITHIN REACH. 12. KEEP ROOM FREE CO 05/16/16 0800 AST | |
| Time IV (#1) started: | PST Actual Reading #1: IV Dressing Changed Site #1 | | | | |
| Part 2019 Viril 2019 Viri | IV Dressing unanged lime = Date IV (#1) started: | Time IV (#1) started: | е | IV Site #I Check/Care A Q2H | SC |
| Edition Figure | | ζ | ; | IV Site #1: Illy "measter fronty: Carbetar (V/N). | |
| Turner: Temporal Turner: Room AIR Turner: Cranged #1: Turner: Cranged #1: Turner: Cranged #1: Turner: Cranged #1: Turner: Reading #1: Turner: Cranged #1: Turner: Reading #1: Turner: Reading #1: Turner: Turner | Document Lood Pressure: | | | | |
| 1.793 1.20 | ο, ια | pe Of Temperature: Temporal Heart Rate Source: Machine | | Site Changed #1: Tubing Changed #1: | |
| 1.0 Description Coserved: Y Descriptio | esp. kat SAC | 02 Delivery: ROOM AIR | | Limit Settings | |
| Fall Precautions: Y Date IV (#1) Started: 200321 Started: Not Applicable Not Applicable Y Samily Member A: Redside: Y Family Member A: Redside: Y Y Call Light/Teleptore In Reach: Y Number Of Bac Rails Up: 2 Are bedrails up because of reds given: N Bed Brakes Locked: Y Bed Brakes Locked: Y All Alarms On and Audible: Y Call Light/Teleptore In Reach: Y Samily, are Call Light/Teleptore In Reach: Y Are bedrails up because of reds given: N Bed Brakes Locked: Y All Alarms On and Audible: Y Call Light/Teleptore In Reach: Y All Alarms On and Audible: Y Call Light/Teleptore In Reach: N Bed Brakes Locked: Y All Alarms On and Audible: Y Call Light/Teleptore In Reach: N Bed High OR LOW Position: LOW All Alarms On and Audible: Y Call Light Off Unit: N | 200021 Safety Check Document 05/16/16 01 Family Member At Beds: | A Q2H 7 05/16/16 0614 AST Respiration Observed: Y | ස | Reading #1: Changed Site #1: Changed Time #1: | |
| Temily Member At Recide: Y Fall Precautions: Y Y Call Light/Teleptone In Reach: Y Fall Precautions: Y Crib Rails (3p / Down): Not Applicable Number Of Sed Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y Rempiration Coserved: Y Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms Or and Audible: Y Litterduction Untroc limited The cost of thit: N Call Light/Teleptone In Reach: N Call Light/Teleptone In Reach: N Fall Alarms Or and Audible: Y CP All Alarms Or and Audible: N CP CHY in use: N CP CP CP All Alarms Or and Audible: N CP CP CP CP All Alarms Or and Audible: N CP CP CP CP CP CP CP CP CP C | Call Light/Telephone In Re | , (m. 1) | | 1V (#.) Started: | ප |
| Y Crib Rails (3p / Down): Not Number Of Bed Rails Up: 2 Are bedrails up because of meds given: N Notation program A Q2H CP All Alarms On and Audible: Y CPM in very condition: N All Alarms On and Audible: Y CPM in very condition: N All Alarms On and Audible: Y CPM in very condition: N CPM in | Number of B | | | Respiration Observed: Y | |
| All Alarms On Low Position: LOW All Alarms On and Audible: Y CPM in use: N Pt. Cff Unit: N High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program and any individualized fall reduction strategies, including, but not limited to: | Are bearalls up because of Bed Bro | | | | |
| CEX in use: N PL. Off Unit: N High Fall Risk Intervention PL. and, as needed, their family, are educated on the fall reduction program and any indivisited fall reduction Strategies, including, but not limited to strategies, including, but not limited to strategies. | Red High OR L | cw Position: LOW and Audible: Y | | Crib Rails (Jp / Down): Not Applicable Number Of Bed Rails Up: 2 | |
| High Fall Risk Intervention Pt. and, as needed, their family, are educated on the fall reduction program and any indivdualized fall reduction strategies, including, but not limited to: | ů. | CPM in use: N t. Cff Unit: N | | | |
| CPX in use: Pt. Off Unit: | High Fall Pt. and, | A amily, are | Ċ | | |
| stracegies, including, but not limited | educated on and any indi | the fall reduction program. | | | |
| | stracegies, to: | including, but not limited | | | |

| Age/Sex: 4Y 04N F Unit #: K000629504 | Attending: Oji, Greg M.M.D. Account #: K32346629 | HENDERSON/ | Page: 35 of 41 |
|---|---|--|--------------------------|
| Admitted: 05/14/16 at 0328 | | Willis-Knighton South Nursing **_IVE** | Printed 10/01/19 at 1352 |
| Status: DIS IN | Room/Bed: K.E5514-1 | HIVS PRINT ALL NURSING INFORMATION | |
| | | | |

| Status: D.S IN KOOM/Beq: K.z.boi4 | NORGING INFORMALLUN |
|--|--|
| Problem/Goal/Intervention Description | Problem/Goal/Intervention Description |
| ted its Chang | Documented Documented |
| Activity Date: C5/16/16 Time: 1000 | Activity Date: 05/16/16 Time: 1120 (continued) |
| 200023 High Fall Risk Intervention A Q2H CP | 103507 Reassessment/Evaluation - Pediatrics (continued) |
| | |
| educated on the fall reduction program and any indivous.ized fall reduction | Are you having PALN / JUSCOY-UK! Now: N Is this a new episode of pain: N |
| strategies, including, but not limited | Location Of Pain: |
| to: | Duration of Pain: Character of Dain: |
| 1. NEDICALION REVIEW (Vasoactive drugs, | Onset of Pain: |
| antipsychotics, antihistamines, | Pain Relieved By: |
| CINTELLS, ELC). 2. USG CORRECTIVE LENSES. if abolicable. | Fain scale used to assess bain: |
| 3. ASSIST WITH AMBUIATION. | Pain score |
| | The sections of the section of the s |
| 5 COSE NAV. NALU FOLKWAR. | YOU THAT THE COLOR OF THE COLOR |
| | Free or Support: |
| 8. USE PROTECTIVE/ASSISTIVE DEVICES | Comfort measures: |
| (W/C, Geri-charrs, etc). | Cognitive reciniques: |
| 9. EDICATE FAVILY TO RETNEORCE FALL | |
| PREVENTION TRANSPORTER. | Volding: Y indwelling Unitary Catherer Y/N: A Can Tills Catherer De removed: (Y/N:: A Catherer Y in Catherer De removed: (Y/N:: A Catherer Y Catherer De removed: (Y/N:: A Catherer Y Catherer De removed: (Y/N:: A Catherer Y Catherer De removed: (Y/N:: A Catherer De removed: (Y |
| ACCIPING OF RES | |
| TIL EXSURE PARTENT CARE TIEMS ARE | הייוריתית כי כי ייירי יוכר פספתי יית |
| WITHIN REPORT. | IV Pump: N How Many IV Pumps: 0 Feeding Pump: N Heating Pad: N |
| 12. KEEP ROOM PHEE OF CLUTTER. | |
| - Document 05/16/16 1000 AST 05/16/16 1210 AST | SCDs in place at beginning of shift: N TEDs in place at beginning of shift: N |
| Activity Date: 05/16/16 | Maintain Central Line:TLC/PLCC/SWAN/FORT/HD CATHETER/URC/UNC/SROVINC? (Y/N): N |
| 100507 Reassessment/Evaluation - Pediatrics A | Can this the De removed? (Y/λ) : N |
| Direction ->67,19 | Maintain Peripheral IV or FRN Adapter Y/N: N |
| | |
| Date: 05/16/16 Shift: 7A - 7P | "Restraincs: N "Restraint Type: Has patient had an adverse drug reaction this shift: N |
| FOCUS / Piar For The Day: COMFORT/SAFETY MEASURES, RESP STATUS | If yes, name of Med: |
| | Does the Pathent Have any Complaints Or Specific Needs: N |
| Wound: N Dressing: N Drain: N Pain At Present Time: N Swallowing Difficulty: N | Specific Needs: CALL NURSE FOR ONSET OF FUSSYNESS Specific Needs: PEDI PAIN SCALE |
| Pupillary | |
| zei.y | Precautions: Y Type of Precautions: Droplet Precaution Standard Precautions: Y Negative Air Pressure Confirmed - Discharge of air Outdoors or HEPA Filtration Unit (Y/N) : N |
| lar and Effortless | *Is patient DO NOT RESUSCITATE: N |
| Cough: Note Charter: Note Char | Pediatric Fall Risk Assessment |
| | |
| Pulse Quality: Normal Pulsacion | (4) Less than 3 years old 71 Jackian ness secietive devices or |
| 'Active Ecwel Sounds | ola ola |
| | years and above |
| Bowel Movement This Shift: N Date Of Last Bowel Movement: | Gender: 1 (2) Patient Placed in Bed |

| 41 | 13 20 20 20 | irom. | | | 938 | • |
|-------------|--|---|--|--|--|--|
| Page: 36 of | Printed 10/01/19 at | Problem/Goal/Intervention Description Sts Directions Fr Activity Occurred Recorded Documented Type Date Time by Connent Shits Crange | Activity Date: 05/16/16 Time: 1720 (continued) | ReassesFrent/Evaluation - Pediatrics (continued) : : : : : : : : : : : : : : : : : : : | Patient Education - Document | **PEACHLY encouraged to report concerns about Pt. safety issues: Y What safety issues have been addressed with the patient: SR UP X 2, CALL LIGHT WITHIN **REACH, ADULT AI BEDSIDE AI ALL TIMES, PEDI SECURITY SHEET **IS patient/family motivated to learn (Y/N): Y If NO, explain: **Disease (Y/N): Y : ARONCHIOLITIS **Equipment (Y/N): Y : CALL LIGHT **Procedure (Y/N): Y : REASSESSMENT **Medication (Y/N): Y : REASSESSMENT **Medication (Y/N): Y : ROCEPHIN **New Medication (Y/N): Y : ROCEPHIN |
| | Nursing **[] NG INFORMALI | Problem/Goal Activity Type | Activity Da | 100507 | learner's Parient learner's Preferred Ne Larguage Spoken (Lother, Dese TRANGIGEL Limitations If YES, describe: *Cognitive Limitations If YES, describe: *Cognitive Limitations If YES, describe: *Encional Limitations If Perioral Limitations If YES, describe: *Cognitive Limitations If YES, describe: *Cognitive Limitations If Parient has pain, *NOTIFY STAFF OF AN | *Is patient/sauli *Is patient/sauli If NO, explain: IEANNI *Disease Jsolation *Equipment *Procedure *Medication *New Medication |
| | Account #: K32346625 Location: 5ES Location: 5ES Room/Bed: K.ES514-1 ROOM/Bed: K.ES514-1 | cription Sts Directions From Recorded Documented by Date Time by Comment | ime: 1126 (continued) | ration - Pediatrics (continued) Response to Surgary/Scoation/Amerimesia 0 (1) Within 24 hours (2) Within 24 hours (3) Within 24 hours (4) Wore than 48 hours (5) Within 24 hours (6) Within 24 hours (7) Within 24 hours (8) Maitiple usage of: Sedatives, Hyprotics, Barbituates, Phemothiazines, Anti-depressants, Laxatives/Diuratics, Narcotic (1) One of the meds listed above (2) One of the meds listed above (3) One of the Medications/None Fall Risk Total: 13 | Very Limited Signily Limited No Impairment Very Limited Cocasionally Voist Rarely Moist Chairfast Walks Occasionally Voist Rarely Moist Chairfast Walks Occasionally Voist Rarely Moist Chairfast Walks Occasionally Minited Signily Limited No Limitation Excellent Problem Potential Problem No Apparent Problem Compromised Adequate Excellent - No Impairment - No Impairment - No Limitation - Makes Occasionally Moist - Walks Occasionally Moist - Makes Occasionally Moist - Mo | I verify that I have performed a complete skin assessment and documented all findings below. Skin Color: Normal Skin Temp/Character: Warm & Dry Skin Hydration: Normal Pressure Ulcer/Skin Impairment Since Previous Assessment: N If YES, list all location(s) and use the Skin Description lookup and/or Free Text for EACH. LOCATION SKIN DESCRIPTION : : : : : : : : : : : : : : : : : : |
| 4¥ 04¥ £ | <pre>thait #: xcc0625604 Ac. Admitted: 05/14/16 ac 0328</pre> | Problem/Goal/Invervention Description Activity Occurred ReType Date Time by Date | / Date: 05/16/16 | e 3 rolog eration privat mia, intes, ch/3e er Di er Di er Di er Di | SENS PERCEP COMPLOLE, Limited MOISTURE CONSTANT, MOIST ACTIVITY COMPLETELY Immobile NUTRILLON ESPORTATION SIGNATURE POOR FRIC/SHRA SIGNIFICANT PROBLEM PRIC/SHRA SIGNIFICANT PROBLEM PRIC/SHRA SIGNIFICANT PROBLEM SENSORY PERCEPTION: 4 MOISTURE: 3 ACTIVITY: 3 MODILITY: 4 NUTRITION: 3 FRICTION/SHEAT: 4 Ilssue Perfusion/Oxygenation: 3 Friction/Sheat: 4 Ilssue Perfusion/Oxygenation: 3 | i verify that I have performed Skin Skin Skincolor: Normal Skin Skincolor: Normal Pressure Uicer/Skin Impairment If YES, list all location(s) a LOCATION : : : : : : : : : : : : : : : : : : : |

| | HENDERSON | 3age: 37 of 41 | |
|--|---|--|----------------|
| <pre>Unit #: KCCC629604</pre> | Wilis-Knighton South Nursing **IIVE HIMS FIRE ALL NUSING INFORMATION | h Nursing **LiVE** Brinted 10/01/19 at 1352 USING INFORMATION | Δ. |
| Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Time by Comment Date Time by Comment Units | Exon 1 Change | Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Type Date Time by Comment Units Change | |
| Activity Date: 05/16/16 "ime: 1120 (continued) | | Activity Date: 05/16/16 Time: 1200 (continued) | |
| Education: :TYLENOL AS NEEDED FOR TEMP #Follow-up care (Y/N): Y :PER ND Rehub/Resources (Y/N): N : **Murition (Y/N): N : REGULAR FOR AGE **Murition (Y/N): N : A : REGULAR FOR AGE **Murition (Y/N): N : REGULAR FOR AGE **Murition (Y/N): N : REGULAR FOR AGE **Murition (Y/N): N : | | 200021 Safety Checks (continued) Bed Figh OR Low Position: LOW All Alarms On and Audible: Y Cay in use: N Pt. Off Unit: N Pt. Off Unit: N One of Audible: Y Off Continued On the Audible Off Continued Off Co | |
| : PEDI SECURITY SHEET, ADULT AT BEDSIDE AT ALL TIMES, CALL If applicable, pt has demonstrated competence to self administer medications: N Ned1: NA Med2: NA Med3: NA | ES, OLL FOR ASSIST | Pt. and, as needed, their family, are educated on the fall reduction program and any indivdualized fall reduction strategies, including, but not limited to: | |
| Yethod Of Instruction: Explain & Handout Evidence Of Learning Demonstrated By: Expresses Understanding | | 1. NEDICATION REVIEW (vascactive drugs, antipsychotics, antifistamines, | |
| Activity Date: 05/16/16 Time: 1200 | | ., | |
| 200008 IV Site #1 Check/Care - Document | S | 4. OFERS ANTHA ANGURATION. 4. OFERS ANTHANOM ASSISTANCE. 5. USB NOW-SKID FOOTWERS. 6. CLOSELY DESERVE DISORLENES PALIENTS 7. ENSURE ADECUAL LIGHTING AT NIGHT 8. USB PROTECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc). 9. EDCOTTE FAMILY TO REINFORCE FALL PREVENTION STRANGGES. 10. INSTRUCT OFF DEED. 11. ENSURE PATIENT CARE TIENS ARE WITHIN REAGH. 22. WEER ROOM RREE OF CLUITER. 12. WEER ROOM RREE OF CLUITER. | 939 |
| | ប | Date: 05/16/16 | |
| Vital Signs taken by a NAL are reviewed by an RN. The Signs taken by a NAL are reviewed by an RN. Pressure: Pressure: Pressure: Pressure: Femp: 98.8 Type Of Temperature: Cemporal eart Rate: 125 Heart Rate Source: Machine | | 100552 Discrarge Summary 2 Fed A AT TIME OF DISCHARGE AS - Cream 06/16/16 1255 AST 05/16/16 1303 AST - Document 05/16/16 1255 AST 05/16/16 1303 AST Ft's Crief Complaint: COLD SYAPTOWS, WHEEZING, COUGHING *Functional Level Prior To Admit: Assist/Supervision Other Expected Therapy/Outcome: RELIEF OP SYAPTOWS | Page |
| Resp. Rate: 32 SAC2 Belivery: ROOM AIR SAC2 Belivery: ROOM AIR Salecy Checks C2 Delivery: ROOM AIR A 22H C20021 Salecy Checks C5/16/16 1210 AST Salecy Checks Family Vember At Bedside: Y Respiration: Observed: Y Respiration: Y Fail Precautions: Y Fail Precautions: Y Fail Precautions: Y Call Light Call Call Call Call Call Call Call Cal | 3 | Brief Summary Of Hospital Stay: RESP TREARMENTS, IN THERAPY, VITALS, MONITOR INTAKE AND: OCTPUT: Discharge Diag./Complications: ACUTE ASTHWA EXACERBATION, URL, S/P ACUTE RESP DISTRESS DISCHARGE VITAL SIGNS Blood Pressure: 133/72 Heart Rate: 105 Resp. Rate: 26 | e 1324 of 1758 |
| Crib Raiis (Up / Down): Not Applicable Nurber Of Bed Rails Up: 2 Are bedrails up because of meds given: N | | g g | |

| Attending: | 1.7 | Page: 38 of 41 |
|---|--|--|
| <pre>KCC629604 Account #: X32346529 05/24/16 at 0328 Location: 5ES DIS IN Room/Bed: X.F5514-1</pre> | Wilis-Knighton South Nursing **LIVE** HIMS PRINT ALL NURSING INFORMATION | Printed 10/01/19 at 1352 |
| Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Change | Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Document Unit | ections From Documented Charge |
| Activity Date: 05/16/16 Time: 1255 (continued) | Activity Date: 05/16/16 Time: 1255 (continued) | |
| 100552 Discharge Summary 2 Ped (continued) | 100552 Discharge Summary 2 Ped (continued) Is Fall Risk Score 12 or higher (Ped) 3 or higher (Adult): Y | |
| Appt. With: | | aus. office |
| | Records Sert With Patient: N Records: | |
| Functional Level On Discharge: Assist/Supervision Other Resume Normal Activity: Y Restricted Activity For: | Discipance To: Perent/Guardian Mode Of Transportation: Automobile Accompanied By: STAFF AND FAMILY | |
| Restricted Activity: Hygiene Restrictions: Diet Restrictions: REGIAR DIETTAKE HOYE VEDICATIONS | DISCHARGE SKIN ASSIESMENT I venify that I have performed a complete skin assessment and doc Skin Temp/Character: Namm & Dry | ASSISSYENT assessment and documented all lindings below. |
| NAMEJOSE THES SPECIAL INSTRUCTIONS ALBUTEROL 2.5 MG NEB EVERY 4-6 HOURS AS NEEDED FOR WHEEZE ORAPHED- GIVE 5 MJ BY MOUTH EVERY 12 HOURS FOR 3 DAYS . | Pressure Clocy/Skin Impairment at Discharge: N If YES, list all location(s) and use the Skin Description lookup and/or Free Text for EACH. If >10 locations, document remaining in a Patient Note. | list all location(s) and use the Skin tion lookup and/or Free Text for EACH. document remaining in a Patient Note. |
| | LOCATION | |
| | | |
| CACKLINOS CONTINDED ESPECIAL L'ANGE ESPECIAL SERVILLE S | | |
| | FREE TEXT DESCRIPTION OF SKIN FINDENGS (size, wound bed,dreinage, odor, etc): :SKIN CDI. | odor, etc): |
| | SENS PERCEP Completely Limited Very Limited Slightly Limited ACTIVITY Bedfast Chairfest Walks Occasionally MOBILITY Completely Immobile Very Limited Slightly Limited NUTRITION Very Poor Probably Inadequate Adequate | / imited No Empaisment onally Walks Frequently Emited No Limitation Excellent |

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 232 of 331 PageID #:

| | | | | | | | | 94 | 1 | | | | • | | Page 13 | 326 of | 1758 | |
|-----------------------|--|---|-------------------------|--|--|--|--|--|--|--|---|--|---------------------------------|--|---|--|--|--------------------|
| Page: 35 of 41 | 10/01/19 at 1352 | From | | | | | | | 85 | | <u>ෆ</u> | đ | | a. U | | | | |
| | Printed : | ns enteà Units | | | | | | | | 7 | 0.0 | 0.0 | | 10.7 | | | | |
| | | Sts Directio Docum | (pan | * * * * * * * * * * * * * * * * * * * | od types: / 2 Type and Wei: | AMBER TAYLOR RV | o not change) | | A DALLY | | AST AST | A DALLY AST Sharon N M.D. | | A C6,18 | | | | |
| | | ption Recorded Date <u>Time</u> by | Time: 1255 (continued) | Ped (continued) | in hospital, enter Blood types: Baby 2 Type | Nurse Signature: AMBER TAYLOR RN | cally defaults; do | Time: 1313 | Toddiez | TV CTCT 07/07/CD | C5/16/16 1313 | 05/16/16 1313 WANSN Tran, | Time: 1315 | I 05/16/16 1540 AST | | | | |
| | ĸ ¥ | Problem/Goal/Intervention Description Activity Occurred Re Type Date Time by Date | | 552 Discharge Summary 2 Ped (*** OCHER DISCIPLINE DISCHARGE NOTE | aby while : | Ly Signature: | Date of Birth: 10/C1/13 (Auronatically defaults; | 05/26/26 | Bath, Total Bed · I | us/is/-0 1313 ASi us/is/is is.us/is/is is.us/is/is/is/is/is/is/is/is/is/is/is/is/is | Linen Charged 05/16/16 1313 AST to: DC HOWE | 806515 Physician Rounds - Document 05/16/16 1313 AST Physician Visit To Patient By: IT | 5/16/16 | Intake 05/16/16 1315 AST | <pre>just H2O (ml): (not water) ml: 460 The Feed (ml): e Fluches (ml): e pluches (ml):</pre> | | TPN (m1): tpid (m1): .ood (m1): | |
| | th Nursing **LIVE** RSING INFORMATION | Problem/Goal/I Activity Type | Activity Date: 05/16/16 | 100552 : : : : : : : : : : : : : : : : : : | : :: pt. delivered baby while PACIENT BLOOD TYPE : Baby I Type and RH: | Patient Or Family Signature: | Date of Birth: | Activity Date: | | d čie to ted by: | 250512 - Document Refused due to Completed by: | 800515 - Document Physician Visi | Activity Date: | 450010 - Document | ORAL - just H2C ORAL (not water The The Feed NGT Tube Flushes DEC This elicibes | VI. | TPN Ippid Blood | |
| | Will's-Krighton South Nursing **LIVE HIMS PRINT ALL NURSING INFORMATION | Pron | | Rarely Moist Excellent 02>95% capx2kec | | | | | | | smokes should stop it (212-4450), the 00-QUIT-NOW). | and updace ou use. | in place: | leave in place: this admit: | in çlace: | | | |
| :.b. | W. | Sts Directions Documented Comment | 9d.} | Occasionally Moist No Appavent Problem Adequate cap-2sec | | C PT OR FAVILY | | | | Dialysis patient: N | Smoking can be hazardous to your health and those around you. ANYONE that smokes should stop for their health! Assistance to stop smoking is available by calling WK Quit (212-4456), the American Lung Association (800-IUNG-USA) or the American Cancer Society (800-QUIT-NOW). | **REVINDER TO PATIENT AND/OR FAMILY: Discard any previous medication lists and up your new medication list with any medication providers and/or pharmacies you use. | there an YD order to leave | is there an YO order to leave Was catheter inserted on this | Is there an MC order to leave at home: the policy: to patient: | | ic.) *** | lic.) *** |
| ing: Oji, Greg M. M.D | Account #: K32346629 Location: 5ES Room/Bed: K.E5514-1 | ion Recorded Date Time by | Time: 1255 (continued) | 2 Ped (continued) Very Moist Potential Problem sed Compromised 02.95% caps2sec | No impairment Rarely Moist Walks Frequently No Lifttation Excellent | MAJERIALS AND INFORMATION GIVEN TO PT OR FAMILY GIVEN: DISCHARGE SIMMARY | PRESCRIPTION X 1 (ORAPRED) | | | Discharge Materia, Given: Discharge Materia, Given: Cardiopulmonary Home Care Instructions Provided: M | eaith and those as op smoking is avai G-USA) or the Ames | Y: Discard any pre medication provid | Is there | | IN the removed: Not Applicable Is there at home: Is showned feath, set up to care for PICC libs at home: Was PICC flushed and dressing changed according to policy: Were PICC libs some Care Instructions given to patient: | If any other devices were left in place, describe: | *** PHYSICAL MEDICINE DISCHARGE NOTE (when applic.) *** | *** (when applied) |
| Attending: | | n Descript ed Time by | 47 | Surrany 2 : / Woist am impromised | a k f (k 1 | MATERIALS AND INFORVATION Given: DISCHARGE SIMMARY | Given: POLLOW UP APPT Given: PRESCRIPTION X | ·· ·· | ,. | : : Instruct | to your h ance to st n (800-low | C/OR FAMIL with ary | licable | Not Applic | pplicable to care fo ressing ch | c left in | E DISCHARG | PY DISCHAR |
| 4Y 04% F | Unit #: K000629604 mitted: 05/14/16 at 0328 Status: DIS IN | 1/Interventio | Date: 05/16/16 | Discharge Summary 2 : Constantly Woist R Problem : N Extremely Compromised | ensory Perception: 4 Noisture: 4 Activity: 4 Nobility: 4 Nutrition: 4 Friction/Shear: 4 Total Braden Scale Score: 24 | | | Vateriai Given: Vaterial Given: | | Material Given: Material Given: Conary Fore Care | n be hazardous health! Assisti lung Association | A TO PATIENT AN | Heplock removed: Not Applicable | Foley Catheter removed: Not Applicable | PICC inc removed: Not Applicable Is Home Health set up to care fo Was PICC flushed and dressing of Were PICC line Home Care Instru | her devices wer | HYSICAL MEDICIN | SPIRATORY THERA |
| Age/Sex: 4 | Unit #: K000629 Admitted: 05/14/1 Status: DIS IN | Problem/Goa Activity Type | Activity Date: | 100552 WOLSTURE PRICT/SHEDA PERF/OXYGEX | Sensory Perception: Noisture: Activity: Nobility: Nutrition: Friction/Srear: Total Braden Scale | DISCHARGE | Discharge Material Discharge Material | Discrarge Materiai Discharge Material | Discharge Material Discharge Material | Discharge Material Discharge Material Cardiopulmonary Ho | Smoking ca for their American 1 | **REVINDE: your new r | нерлоск те | Foley Cati | PICC line Is Home Was PIC | ביס ערב 11 | Ω; * * | |

| | Ca |
|---|--|
| Page: 40 of 41 | Princed 10/01/19 at 1352 |
| , 1 | Wills-Knighton South Nursing **LIVE** HIMS PRINT ALL NURSING INFORMATION |
| Attending: Oji, Greg M.M.D. Account #: K32346629 | Location: 5ES Room/Bed: X.ES524-1 |
| Age/Sex: 4Y 04M F Unit #: x000529604 | Admitted: 05/14/16 at 0328 Status: DIS IN |

| Status: D.S. L. KOGN/ Bed: A.E3312-1. Status: D.S. L. | באס ביוניטני אינייטני | |
|--|--|----------|
| Problem/Goal/Intervention Description | Problem/Goal/Intervention Description | } |
| Documented | Documented Totals Chang | <u>.</u> |
| v Date: 05/26/16 Time: 1315 | Activity Date: 05/16/16 Time: 1540 | |
| 450100 Curpuz A 06,18 CP | 100507 Reassessment/Evaluation - Pediatrics D | |
| ment (5/16/1 | Direction ->07,19 Document when done | ſ |
| Crime Volces (ml): | - Eq.Stails | . |
| rine: | ratus 05/16/16 1540 his 05/16/16 1540 his | c) |
| Character of Crine: | Emotional Support/Teaching D As NEEDED | _ 0 |
| Ti No Output, Is Pt. On Dialysis: | C DATEY | ١ |
| 3 Last Void Date | tatus 05/16/16 1540 his 05/16/16 1540 his | G. |
| Stool X: 30 Stool Weight CC's Date Of Last EY: 05/15/16 Stool Consistency: | 250512 | Ω |
| Color Of Stool: | Vital Signs D Q4H | |
| Arcunt Of Stool: | Viter Signs taken by a NAI are reviewed by an BN | |
| New Colostony Output: | erus 05/16/16 1540 his 05/16/16 1540 his | Д |
| Old Colostomy Output (Num. of stools): | 401335 Weight, Daily, PEDI Or NSY D DAILY CP | ູດ |
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| | arus C5/16/16 1540 his 05/16/16 1540 his | А |
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| | Feed With Assistance | |
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| Chest Tibe #2 (Til): | 550040 FORTHLA FYED 5.20040 J. M.A. J. M.A. J. | , F |
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| Amt. Of Or Asp. Of Misc. Body Fluid (mil): | roblem: INJURY, FOTENITAL FOR | ſ |
| Schroe of Octobe of Aso, of . Also, sooy famici | - Ed Status US/Lefile 1940 ins US/Lefile 1940 ins Goal: No evidence of injury to patient. | 1 |
| Activity Date: 05/16/16 Time: 1540 | 6/16 1540 his | Ω. |
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| Discharge Surnary 2 Ped Discharge | 35/16/16 1540 ris | ጠ |
| - Ed Starus C5/16/16 1540 his O5/16/16 1540 his D Q2H | Goal: Patient/Family Will Verbalizo Understanding of Diagnosis and | |
| atus 05/16/16 1540 his 05/16/16 1540 his | 43 | ı |
| Problem: Basic Pediatric Nursing Care D Scheme of Media Tayn biology 1877 (1977) his | - Ed Status 05/16/16 1540 his 05/16/16 1540 his A NETHER A => D D D D D D D D | a, |
| us/in/ine interviolation of in | 1 Status 05/16/16 1540 his 05/16/16 1540 his A = | а |
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| 100606 | - Ed Status 05/16/16 1540 his 05/16/16 1540 his A => D Goal: NS: Parient risk for falling reduced. | Д |
| | Status 05/16/16 1540 his 05/16/16 1540 his | Д |
| | | |

Page: 41 of 41

Printed 10/01/19 at 1352

Wills-Knighton South Nursing **LIVE**
HIYS PRINI ALL NURSING INFORMATION

HENDERSON

Attending: Oji, Greg M.D. Account #: X32346629 Room/Bed: K.E5514-1 Location: 5ES Age/Sex: 4Y 04N F Unit #: %000629604 Admitted: 05/14/16 at 0328 Status: DIS IN

Prog A => D Ç Documented Sts Directions 92 Comment a Nurse Type USE CORRECTIVE LENSES, if applicable. 6. CLOSELY OBSERVE DISORIENTED PATTENTS 7. ENSURE ADEQUATE LIGHTING AT NIGHT Pt. and, as needed, their family, are educated on the fall reduction program and any indivolutized fall reduction strategies, including, but not limited 05/16/16 1540 his 05/16/16 1540 his I. MEDICATION HEVIEW (Vasoactive diugs, ρχ * * * * * * * Time 8. USE PROMECTIVE/ASSISTIVE DEVICES (W/C, Geri-chairs, etc). 9. EDUCATE PAVILY TO REINFORCE FALL 11. ENSURE PATTENT CARE ITEMS ARE 10. INSTRUCT PATTENT TO ASK FOR antipsychotics, antinistanines, Recorded 12. KEEP ROOM FREE OF CLUTTER. OFFER BATHROOM ASSISTANCE. automatic by program Time: 1540 Righ Fall Risk Intervention Date ASSIST WITH AVBULATION. USE NON-SKID FOOTWEAR. Problem/Goal/Intervention Description THOWAS, CALVEN D STOREY, TAMMY D TAYLOR, AVBER S PREVENTION STRATEGIES. ASSISTANCE OUT OF BED. GEORGE, BECKY HUDSON, MARY á, Тіте Occurred WITHEN REACH. Name Activity Date: 05/16/16 GEORGB.NS THOMAC7.NS REDINM.NS STORET.NS TAYLOAL NS Date Monogram Initials Activity Ed Status 200033

Willis-Knighton South and the Center for Women's Health? 2510 Bert Kouns Industrial Loop Shreveport, LA 71118

Phone: Fax:

Medication Administration Record 5/13/2016 thru 5/15/2016

Misus 46629 Room: K.E5514

7/1/2 0/1

| Practitioner | Miles, Cindy RRT | Behan, Brandi RRT | Behan, Brandi RRT | Behan, Brandi RRT | Behan, Brandi RRT | Miles, Cindy RRT | Miles, Cindy RRT | Miles, Cindy RRT | Miles, Cindy RRT | Behan, Brandi RRT | Behan, Brandi RRT | Behan, Brandi RRT | Miles, Cindy RRT | Rizzo, Jim RRT |
|-------------------|----------------------|----------------------|----------------------|--|------------------------------------|--|-----------------------------------|--|-----------------------------------|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Route of Delivery | Inhalation | Inhalation | Inhalation | 1 Inhalation | Inhalation | ~ | Inhalation | 1 Inhalation | Inhalation | 1 Inhalation | Inhalation | Inhalation | Inhalation | Inhalatíon |
| Medication/Dosage | 1/2 Unit Dose Duoneb | 1/2 Unit Dose Duoneb | 1/2 Unit Dose Duoneb | Duoneb (Ipratropium Bromide 0.5mg/ Albuterof 3.0 mg) | Albuterol 0.083% (2.5 mg/ 3 ml). 1 | Duoneb (Ipratropium Bromide 0.5mg/ Albuterol 3.0 mg) | Albuterol 0.083% (2.5 mg/ 3 ml) 1 | Duoneb (Ipratropium Bromide 0.5mg/ Albuterol 3.0 mg) | Albuterol 0.083% (2.5 mg/ 3 ml) 1 | Duoneb (Ipratropíum Bromide 0.5mg/ Albuterol 3.0 mg) | Albuterol 0.083% (2.5 mg/ 3 ml) 1 | Albuterol 0.083% (2.5 mg/ 3 ml) 1 | Albuterol 0.083% (2.5 mg/ 3 ml) 1 | Albuterol 0,083% (2.5 mg/ 3 ml) 1 |
| Date/Time | 05/14/16 04:30 | 05/14/16 07:40 | 05/14/16 10:00 | 05/14/16 13:30 | 05/14/16 16:20 | 05/14/16 19:25 | 05/14/16 22:35 | 05/15/16 02:00 | 05/15/16 05:00 | 05/15/16 08:45 | 05/15/16 11:00 | 05/15/16 15:35 | 05/15/16 19:52 | 05/15/16 23:40 |

41044

Jecusia at an analysis of the WKH Medication Admin

MedilLinks@2016:Mediware

1 1 Set 1 printin Page (28 of 40

1/205/16/16/208:39

| | MEDICATION ADMINITION 10N PERIOD: 05/16/16 1 to | RECORD 05/17/16-0 | 700 | | - | BERSP.DP /15/16-2030 |
|---|---|----------------------|------|------------------|----------------------|-------------------------|
| RX # | MEDICATION | START | STOP | DAY 0701-1500 | EVENING 1501-2300 | NIGHT 2301-0700 |
| | ****** ROUTINE MEDS | ****** | | | | |
| | ALBUTEROL SOLUTION 0.083% 3 ML UD (None) (PROVENTIL U/D) Oji, Greg M M.D. (UNIT DOSE(S)) INH .Q3H SCH AS DIRECTED (USE VIA INHALATION NEBULIZATION ONLY!) | 1400 05/14/16 | | | RT | |
| DOSE: | METHYLPREDNISOLONE 40 MG/ML 1MLVIAL (None) (SOLU MEDROL) (Oji, Greg M M.D. (1ML VIAL(S)) IVP O12H SCH PYCIONE GIVEN 15 MG (0.375 ML) | 0400 05/15/16 | | | 1600 | 0400 |
| K005535731 ORD DR: DOSE: DOSE INSTR: | KCL 20 MEQ / D5W-0.45%NS 1000mL PREMIX BAG (None) (KCL / D5W-0.45%NS) Oji, Greg M M.D. (BAG(S)) IV .CONTINUOUS INFUSION SCH 55 ML/HR | 1530 05/14/16 | | | | |

| t Deltoid LUO I | t Upper 0 | | LLT Lt Later | 95000000000 | 5 1 N N D N D O S N D D D D D D D D D D D D D D D D D D | 1 | LE Abd | LVG Lt | ABUCLOGIUC |
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| SIGNATURE | INIT. | SIGNAT | URE I | NIT. | SIGNATURE | INIT, | | 310001002 | |
| | | | | | Med Rec#: K0006 | 29604 | | Room/Bed: | K 85514-1 |
| EDICATION ADMINISTS WILLIS-KNIC 2510 BERT KOUNS SHREVEPORT, LOU | HTON SOUT INDUSTRIA | H L LOOP | Acct#: Ki Name: Mi Phys: O Age: 2Y (Marital (| INDERSON i, Greg)7M Se | L M M.D. ex: F Wgt: 29 lb 15 | 5.73 02 = 1 | 3.6 kg | Adm Date: Location: Service: D.O.B.: | 05/14/16 5ES PED |

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 237 of 331 PageID #: 946 Page 1331 of 1758

PAGE 2

| | 340 | • | | Page 1331 Of 1 | 700 | | | |
|--|-------------------|----------------------------------|----------------------|-----------------------------|--------------------|--|--|--|
| | MEDICATION ADMINI | ION RECORD 1 to 05/17/16-0700 | | ROBERSP.DP 05/15/16-2030 | | | | |
| RX # MEDICATION | | START STOP | St. 186 - 186 (1971) | EVENING 1501-2300 | NIGHT 2301-0700 | | | |
| | 1V: | ****** | | eggis egyar | | | | |
| K005535732 CEFTRIAXONE 1 GM VIAL (0.7 GM) (ROCEPHIN) IN: D50 ML BAG (50 ML) (D5W) ORD DR: Oji, Greg M M.D. RATE: 100 MLS/HR DUR: COMMENTS: ** PLEASE REFRIGERATE UNTIL READY | FREQ: Q24H | 1600 05/14/16 | | 1600 | | | | |
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| GEND: D Rt Deltoid RUQ D Dr Deltoid LUQ | Rt Upper Outer Lt Upper Outer | | ilt Rt Lateri L LT Lt Later | | agai nga katambagana na bitini ling garapadan. | | Rt Abd RVG Rt V Lt Abd LVG Lt V | entroGluteal entroGluteal |
|--|----------------------------------|----------|--|------------------|--|-------|---|------------------------------|
| SIGNATURE | INIT. | SIGNATUR | 216 | NIT. | SIGNATURE | INIT. | SIGNATURE | ENIT |
| | | | | | | | | |
| MEDICATION ADMINIST WILLIS-KNI 2510 BERT KOUNS SHREVEPORT, LO | GHTON SOUTH INDUSTRIAL LO | OP | Acct#: K3 Name: Phys: Oj Age: 2Y 0 | i, Greg 7M Se | x: F Wgt: 29 lb 15. | | Room/Bed: K Adm Date: 0 Location: 5 Location: P D.O.B.: 1 | 5/14/16 ES ED |

Allergies: .. see ALLERGY SOURCE DOCUMENT ..

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 238 of 331 PageID #: 947 Page 1332 of 1758

| · ` | | | FION ADMINI : 05/16/16 | | RECORD 05/17/16-0 | 700 |) | | BERSP.D /15/16~ | |
|-----------------------|--|-----------------------|---------------------------|--|----------------------|------------|------|----------------------------|--------------------|------|
| rx # | MEDICATION | | | | START | STOP | | | | |
| | | 949) (M 9) | ***** PRN M | DS | ****** | | | | | |
| ORD DO DOSE INS | ACETAMINOPHEN 325 MG/l0.15 ML UDO (TYLENOL) DR: Denham, Sean C M.D. SE: (UD CUP(S)) PO .Q6H PRN TR: 200 MG (6.25 ML) TS: FOR TEMP > 100.4-F (DO NOT EXCEED 4,000 MG/24HRS!) | : (None |) | | 0500 05/14/16 | | | | | |
| TIME | INDICATION/ COMPLAINT & SITE | DOSE ROUTE INIT | PAIN SCALE ASSESSMENT | | respo | NSE / OUT | СОМЕ | PAIN SCALE REASSESSMENT | TIME | INIT |
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| TIME | INDICATION/ COMPLAINT & SITE | DOSE ROUTE INIT | PAIN SCALE ASSESSMENT | | RESPO | dúse / Cut | COME | PAIN SCALE REASSESSMENT | TIME | INIT |
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| 1.12/25/17 | | 75885488 | | | | | | | | |

| RD | END: Rt Deltoid RUQ Rt Lt Deltoid LUQ Lt | Upper O | iter Quadrant iter Quadrant | RLT Rt Late | ral Thigh | | | t Abd RVG Rt Ven t Abd EVG Lt Ven | |
|-------|--|----------|--------------------------------|--|--------------------|----------------------|-------|---|--------|
| K/48. | SIGNATURE | INIT. | SIGNAT | URB | INIT. | SIGNATURE | INIT. | SIGNATURE | INIT. |
| | | | | | | | | | |
| | MEDICATION ADMINISTRAT WILLIS-KNIGHT 2510 BERT KOUNS IN SHREVEPORT, LOUIS | ON SOUTH | 1 1 LOOP 1118 | Acct#: K Name: • Phys: O Age: 2Y Marital | ji, Greg 07M Se | ex: F Wgt; 29 lb 15. | | Room/Bed: K.E Adm Date: 05/ Location: 5ES kg Service: PED D.O.B.: 10/ | 14/16 |
| | | | | Allergie | s: sec | ALLERGY SOURCE DOCU | MENT | | PAGE 3 |

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 239 ជុខ្លួន អ្នក អ្នក អនុ

| | | | 949 |) | 1 age 1000 01 | | |
|------|---------------------------------|--|--------------------------|----------------------------------|----------------------------|-------------------------|------|
| , | | | FION ADMINI 05/16/16 | ION RECORD 1 to 05/17/16-0700 | | DBERSP.DP 5/15/16-20 | 130 |
| C # | MEDICATION | | | START STOP | | | |
| TIME | INDICATION/ COMPLAINT & SITE | DOSE ROUTE INIT | PAIN SCALE ASSESSMENT | RESPONSE / OUTCOME | PAIN SCALE REASSESSMENT | TIME I | INI' |
| | | Annual Control of the | | | | · | |
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| TIME | INDICATION/ COMPLAINT & SITE | DOSE ROUTE INIT | PAIN SCALE ASSESSMENT | RESPONSE / OUTCOME | PAIN SCALÉ REASSESSMENT | TIME I | ĪŅĪ |
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| SIGNATURE | INIT. | SIGNATURE | INIT. | SIGNATURE | INIT. | SIGNATURE | INI |
|---------------------------------------|-------|-----------|-------|-----------|-------|-----------|-----|
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| | | | | | | | |

2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118



Phys: Oji, Greg M M.D. Age: 27 07M Sex: F Wgt: 29 1b 15.73 oz = 13.6 kg

Marital Status: SIN BSA: 0.55 m2

Allergies: ., see ALLERGY SOURCE DOCUMENT ..

Service: PED

D.O.B.: 10/01/13

PAGE 4

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 240 of 331 Page ID #:

RUN DATE: 05/15/16 RUN TIME: 2146 Willis Knighton South **ADMISSIONS**
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

RUN USER: ROBERSP.DP

Unit#: K000629604

Name: L Rm/Bd: K.E5514 Serv/Le

Serv/Locn: PED
Account#: K32346629

DOB: 10/01/13

Age: 2Y 07M

Status: IN

Sex: F

EPI#: 00000001116206

| Interdisciplinary Assessment (Free Text), historical data: | Last Update/ Acknowledgement: |
|--|----------------------------------|
| Allergyl-Med/Contact: NKDA | 05/14/16 - 0436 |
| Allergy2-Med/Contact: NKDA | 05/14/16 - 0436 |
| Food Allergies-Intol: NKFA | 05/14/16 - 0436 |
| Latex Allergy (Y/N): | 05/14/16 - 0436 |

Pharmacy Allergy List (Coded Allergies), historical data:
 (Duplicate names represent coding within (3) categories:
 Ingredient, Generic and Class allergy codes.)

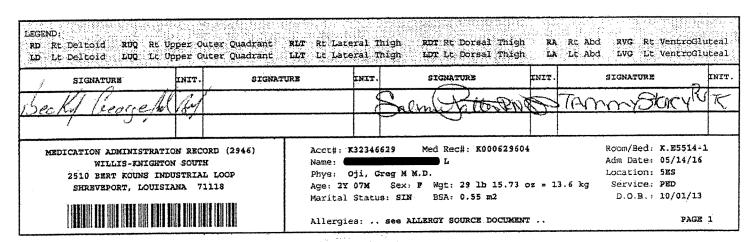
05/15/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 241 of 331 PageID #: 950 Page 1335 of 1758

ROBERSP . DP ION RECORD MEDICATION ADMIN PERIOD: 05/15/16 1 to 05/16/16-0700 05/14/16-2030 NIGHT DAY EVENING STOP 0701-1500 1501-2300 2301-0700 START MEDICATION **計畫經濟學內特別的關係與** ****** ROUTINE MEDS ****** K005535688 ALBUTEROL SOLUTION 0.083% 3 ML UD (None) (PROVENTIL U/D) ORD DR: Oji, Greg M M.D. 1400 DOSE: (UNIT DOSE(S)) INH .Q3H SCH 05/14/16 DOSE INSTR: AS DIRECTED COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY!) ATROVENT 0.02% - 0.2 MG/ML UD INH.SOLN K005535689 (None) (ATROVENT 0.02%) 1400 1600 ORD DR: Oji, Greg M M.D. 05/15/16 DOSE: (INHAL SOLN(S)) INH .Q6H X 1 DAY SCH 06/14/16 DOSE INSTR: 2.5 ML UNIT DOSE COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY!) 0400 K005535730 METHYLPREDNISOLONE 40 MG/ML 1MLVIAL (None) (SOLU MEDROL) 0400 ORD DR: Oji, Greg M M.D. 05/15/16 DOSE: (1ML VIAL(S)) IVP Q12H SCH DOSE INSTR: 15 MG (0.375 ML) K005535731 KCL 20 MEQ / D5W-0.45%NS 1000mL PREMIX BAG (None) (KCL / DSW-0.45%NS) 1200 BI 1530 ORD DR: Oji, Greg M M.D. Dose: (BAG(S)) IV .CONTINUOUS INFUSION SCH DOSE INSTR: 55 ML/HR \backslash 05/14/16 Prelune 15mg po x



Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 242 of 331 PageID #: 951 Page 1336 of 1758

ION RECORD ROBERSP.DP MEDICATION ADMINI 05/14/16-2030 N PERIOD: 05/15/16 1 to 05/16/16-0700 EVENING NIGHT DAY 0701-1500 1501-2300 2301-0700 RX # START STOP MEDICATION 1600 K005535732 CEFTRIAXONE 1 GM VIAL (0.7 GM) (ROCEPHIN) IN: DSW SO ML BAG (50 ML) (D5W) ORD DR: Oji, Greg M M.D. 1600 05/14/16 FREQ: Q24H RATE: 100 MLS/HR DUR: COMMENTS: ** PLEASE REFRIGERATE UNTIL READY TO USE **

| LEGEND: RD Rt Deltoid RUQ Rt LD Lt Deltoid LUQ Lt | Upper Out | er Quadrant er Quadrant | RLT Rt Late: LLT Lt Late: | al Thigh | RDT Rt Dorsal Th | | | VentroGluteal VentroGluteal |
|--|-----------|----------------------------|--|-------------------|---------------------|-------|---|--------------------------------|
| / SIGNATURE | INIT | SIGNATU | T | NIT. | SIGNATURE | INIT. | SIGNATURE | TNIT |
| Secky Coegge ho | (3) | | | | | | | |
| MEDICATION ADMINISTRAT WILLIS-KNIGHT 2510 BERT KOUNS IN SHREVEPORT, LOUIS | ON SOUTH | LOOP | Acct#: K3 Name: Phys: 0: Age: 2Y (Marital : | i, Greg D7M Se | x: F Wgt: 29 lb 15. | | Room/Bed: 1 Adm Date; 1 Location: 1 3.6 kg Service: 1 D.O.B.: 2 | 05/14/16 5ES PED |
| | | | Allergie | 3: 39 6 | ALLERGY SOURCE DOCU | MENT | | PAGE 2 |

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 243 of 331 PageID #: 952 Page 1337 of 1758

| | | | CION ADMINI 05/15/16 | ION RECORD 1 to 05/16/16-0 | 700 | | BERSP.D /14/16- | |
|----------|--|-----------------------|--------------------------|-------------------------------|----------------|----------------------------|--------------------|--|
| RX # | MEDICATION | | | START | STOP | | | |
| Service. | | | ***** PRN ME | DS ****** | | amagnes des | | ng maria Maria |
| ORD DO | ACETAMINOPHEN 325 MG/10.15 ML (TYLENOL) DR: Denham, Sean C M.D. SE: (UD CUP(S)) PO .Q6H PRN TR: 200 MG (6.25 ML) TS: FOR TEMP > 100.4-F (DO NOT EXCEED 4,000 MG/24HRS!) | | | 0500 05/14/16. | | | | |
| TIME | INDICATION/ COMPLAINT & SITE | DOSE ROUTE INIT | PAIN SCALE ASSESSMENT | RESPO | ONSE / OUTCOME | PAIN SCALE REASSESSMENT | TIME | INIT |
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| TIME. | INDICATION/ COMPLAINT & SITE | DOSE ROUTE INIT | PAIN SCALE ASSESSMENT | RESP | ONSE / OUTCOME | PAIN SCALE REASSESSMENT | TIME | INI |
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| END:) Rt Deltoid RUQ R) Lt Deltoid LUQ L | t Upper Oute t Upper Oute | 医抗腱囊管 新连 经收益基 表现 化多环环 "我们的一年,这个个 | Lateral Thig Lateral Thig | | 冷り覆さい 記し マグラ かん | Rt Abd RVG Rt Vent Lt Abd LVG Lt Vent | |
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MEDICATION ADMINISTRATION RECORD (2946)
WILLIS-KNIGHTON SOUTH
2510 BERT KOUNS INDUSTRIAL LOOP
SHREVEPORT, LOUISIANA 71118



Acct#: X32346629 Med Rec#: X000629604
Name: ALLYAH L

Allergies: .. see ALLERGY SOURCE DOCUMENT ..

Room/Bed: K.E5514-1
Adm Date: 05/14/16
Location: 5ES

Service: PED D.O.B.: 10/01/13

PAGE 3

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 244 of 331 PageID #: 953 Page 1338 of 1758

| | | | TION ADMIN : 05/15/16 | FION RECORD 51 to 05/16/16-0700 | | BERSP.D /14/16- | |
|------|---------------------------------|-----------------------|--------------------------|------------------------------------|----------------------------|--------------------|---------|
| RX # | MEDICATION | | | START STOP | | | |
| TIME | INDICATION/ COMPLAINT & SITE | DOSE ROUTE INIT | PAIN SCALE ASSESSMENT | Response / Outcome | PAIN SCALE REASSESSMENT | TIME | INIT |
| | | | | | | | |
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| | | | | | | | |
| | | | | | - | - | |
| TIME | INDICATION/ COMPLAINT & SITE | DOSE ROUTE INIT | PAIN SCALE ASSESSMENT | RESPONSE / OUTCOME | PAIN SCALE REASSESSMENT | TIME | INIT |
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| LEGEND: RD Rt Deltoid RVQ Rt U LD Lt Deltoid LVQ Lt U | oper Ou | iter Quadrant iter Quadrant | RLT Rt Late | ral Th | nigh RDT Rt Dorsal Thigh righ LDT Lt Dorsal Thigh | | | RVG RE V LVG LE V | | |
|---|---------|--|-------------|--------|--|---|------------------------|----------------------|------|-------|
| SIGNATURE | INIT. | SIGNATU | RE | INIT. | SIGNATURE | INIT. | | SIGNATURE | | INIT. |
| | | | | | | | | | | |
| MEDICATION ADMINISTRATION WILLIS-KNIGHTON 2510 BERT KOUNS INDUSTRING SHREVEPORT, LOUISI | r rood | Acct#: K32346629 Med Rec#: K000629604 Name: L Phys: Oji, Greg M M.D. Age: 2Y 07M Sex: F Wgt: 29 lb 15.73 oz = 13.6 kg Marital Status: SIN BSA: 0.55 m2 | | |] [3.6 kg | Room/Bed: K Adm Date: 0 Location: 5 Service: P |)5/14/16 SES PED | | | |
| | | | Allergie | :S; | see Allergy Source Document | er | | | PAGE | 4 |

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RUN DATE: 05/14/16RUN TIME: 2145

Willis Knighton South **ADMISSIONS* INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT PAGE 1

N

RUN USER: ROBERSP.DP

Ļ Name:

Latex Allergy (Y/N):

Rm/Bd: K.E5514 Unit#: K000629604 Serv/Locn: PED

Account#: K32346629

DOB: 10/01/13

Age: 2Y 07M

Status: IN

Sex: F

EPI#: 00000001116206

| Last Update/ Acknowledgement: |
|----------------------------------|
| |
| 05/14/16 - 0436 |
| |
| 05/14/16 - 0436 |
| 05/14/16 0436 |
| 05/14/16 - 0436 |
| 05/14/16 - 0436 |
| |

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

05/14/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 246 of 331 Page ID #:

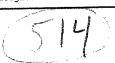
| | 955 | | | | Page 1340 of 1 | 700 |
|--|--|----------------------------|--|--|--|-------------------------------|
| 1 | DICATION ADMINITION | RECORD 05/15/16-0 | 700 | | | ORGB.NS /14/16-1407 |
| RX # MEDICATION | 4 | START | STOP | DAY 0701-1500 | EVENING 1501-2300 | NIGHT 2301-0700 |
| | ****** ROUTINE MEDS | ****** | | | | |
| K005535588 ALBUTEROL SOLUTION 0.083% 3 ML UD (N (PROVENTIL U/D) ORD DR: Oji, Greg M M.D. DOSE: (UNIT DOSE(S)) INH .Q3H SCH DOSE INSTR: AS DIRECTED COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY) | | 1400 05/14/16 | | | | |
| K005535689 ATROVENT 0.02% - 0.2 MG/ML UD INH.SOL (ATROVENT 0.02%) ORD DR: Oji, Greg M M.D. DOSE: (INHAL SOLN(S)) INH .Q6H X 1 DAY S DOSE INSTR: 2.5 ML UNIT DOSE COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY) | есн | 1400 05/14/16 | 1600 05/15/16 | | | |
| K005535690 PREDNISOLONE 15 MG/5 ML 5MLUDC (15 M (ORAPRED U/D) ORD DR: Oji, Greg M M.D. DOSE: 15 MG= (1 5ML UNIT DOSE CUP(S)) PO COMMENTS: (REFRIGERATE!) | | 1430 05/14/16 | | 1430 | 0 | 0230 C d |
| Solu Mediol 30mg IV X / | mon | 5/14/16 | The control of the co | 1615 | | |
| Solu Medrol 15mg IV | 0 12 | Shylk | department of the second secon | and the second s | | 0400 |
| Rocephin 700mg W. O. | 240 | 3/14/1 | | managaman (A managaman and man | 1700 psf | |
| Mag Sulphate 650mg 1V | x i dose | 5/14/14 | | | 2000 D.T.K | |
| PIV: Dolla NSE 20mg Keles | 5 d/hr_ | 16 | 15 BJ | | | |
| LEGEND: RD Rt Deltoid: RUQ Rt Upper Outer Quadrant ! | RLT Rt Lateral Thigh LLT Lt Lateral Thigh | #4 eller eine bindung zeit | orsal Thigh orsal Thigh | 4 4 4 4 4 4 4 4 4 | en in the second of the second | entroGluteal TentroGluteal |
| Signature init. Signature | 1 1 12 10 | SIGNATUR STAM | es RW. | INIT. | SIGNATURE | INIT |
| Benj (reage) Kankel | | | M45 | | | |
| MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEFORT, LOUISIANA 71118 | Acct#: K32346629 Name: Phys: Oji, Greg M.M. Age: 2Y 07M Sex: Marital Status: SIN | Med Rec#: | : K00062960 | 4 oz = 13.6 k | Room/Bed: P Adm Date: C Location: 5 g Service: P D.O.B.: 1 | 5/14/16 ES PED |
| | Allergies: see Al | LERGY SOUT | CE DOCUMEN | T | | PAGE 1 |



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| KOO5535513 DUONEB 3 ML UD INH.SOLN (1.5 ML) (DUONEB) ORD DR: Denham, Sean C M.D. DOSE: 1.5 ML= (0.5 UNIT DOSE(S)) INH .Q1H PRIV COMMENTS: FOR WHEEZE (USE VIA INHALATION NEBULIZATION ONLY!) TUDICATION/ DOSE TUDICATION/ ROUTE PAIN SCALE PAIN SCALE | : | , | MEDICAT | TION ADMINE 05/14/16 | ron RECORD to 05/15/16-0700 | | OMAC7 NS /14/16-0 | |
|--|--------------------------|---|---|-------------------------|---|---|----------------------|----------|
| KOOSSISSII ACETAMINOPHEN 325 MG/10,15 ML UDC (Mone) (TYLENOL) ORD DR: Deham, Sean C M.D. DOSE: (UD CUP(E)) FO .OGH PRN DOSE INSTR: 200 MG (6.25 ML) (DO NOT EXCEED 4,000 MG/24HRSI) TIME COMPLAINT & SITE INIT ASSESSMENT RESPONSE / GUTCOME PAIN SCALE REASSESSMENT TIME INIT KOOSSISSII DUONES 3 ML UD INH.SOLN (1.5 ML) (DOUNES) ORD DR: Dehbam, Sean C M.D. DOSE: 1.5 ML= (0.5 UNIT DOSE(S)) INH .QIH PRN COMMENTS: FOR MHEEZE (USE VIA INHALATION NEBULIZATION ONLY!) INDICATION/ ROUTE PAIN SCALE RESPONSE / GUTCOME PAIN SCALE PAI | | | 14 | | 016 (1.15) 12 T 13 T 14 T 15 | | | |
| COMMENTS: FOR MEEZE ORD DR: Denham, Sean C M.D. DOSE: (UD CUP(S)) PO .Q6H PRN DOSE INSTR: 200 MG (6.25 ML) TIME TIME TOMPLAINT & SITE DOSE ROUTE INIT RESPONSE / OUTCOME REASSESSMENT TIME NIT RESPONSE / OUTCOME REASSESSMENT RESPONSE / OUTCOME REASSESSMENT TIME INIT RESPONSE / OUTCOME REA | warata | | 429 | ***** PRN ME | DS: ****** | | | |
| TIME COMPLAINT & SITE INIT ASSESSMENT RESPONSE / OUTCOME REASSESSMENT TIME INIT ASSESSMENT RESPONSE / OUTCOME REASSESSMENT TIME INIT ASSESSMENT RESPONSE / OUTCOME REASSESSMENT TIME INIT ASSESSMENT T | ORD 1 DOS DOSE INS | (TYLENOL) DR: Denham, Sean C M.D. BE: (UD CUP(S)) PO .Q6H PRN TR: 200 MG (6.25 ML) TS: FOR TEMP > 100.4-F | DC (None) |) | 1 1 1 | | | , |
| ORD DR: Denham, Sean C M.D. DOSE: 1.5 ML= (0.5 UNIT DOSE(S)) INH .Q1H PRN COMMENTS: FOR WHEEZE (USE VIA INHALATION NEBULIZATION ONLY!) DOSE INDICATION/ ROUTE PAIN SCALE PAIN SCALE REASSESSMENT TIME IN | TIME | | ROUTE | | RESPONSE / OUTCOME | | TIME | INIT |
| ORD DR: Denham, Sean C M.D. DOSE: 1.5 ML= (0.5 UNIT DOSE(S)) INH .Q1H PRN COMMENTS: FOR WHEEZE (USE VIA INHALATION NEBULIZATION ONLY!) DOSE INDICATION/ ROUTE PAIN SCALE PAIN SCALE REASSESSMENT TIME IN | | | | | | | - | |
| ORD DR: Denham, Sean C M.D. DOSE: 1.5 ML= (0.5 UNIT DOSE(S)) INH .Q1H PRN COMMENTS: FOR WHEEZE (USE VIA INHALATION NEBULIZATION ONLY!) DOSE INDICATION/ ROUTE PAIN SCALE PAIN SCALE REASSESSMENT TIME IN | | | | | | | | |
| ORD DR: Denham, Sean C M.D. DOSE: 1.5 ML= (0.5 UNIT DOSE(S)) INH .Q1H PRN COMMENTS: FOR WHEEZE (USE VIA INHALATION NEBULIZATION ONLY!) INDICATION/ ROUTE PAIN SCALE PAIN SCALE PAIN SCALE REASSESSMENT TIME IN | | | | | | | | |
| INDICATION/ ROUTE PAIN SCALE PAIN | ORD DO | (DUONEB) DR: Denham, Sean C M.D. SE: 1.5 ML= (0.5 UNIT DOSE(S)) II TS: FOR WHEEZE | NIQ. H | PRIV | E | | | |
| | TIME | | ROUTE | 1 | RESPONSE / OUTCOME | 1 | TIME | INIT |
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| SIGNATURE | ENIT. | SIGNA | | INIT. | SIGNATURE | INIT. | signature | INIT |
| | | | | | | | | |
| MEDICATION ADMINISTR WILLIS-KNIG 2510 BERT KOUNS SHREVEPORT, LOU | ERTON SOUTH INDUSTRIAL JISIANA 71 | LOOP 118 | Name: Phys: Age: 21 | K32346629 Oji, Greg O7M Se Status: S | ex: F Wgt: 29 1b 15. | | Rcom/Bed: K.E55 Adm Date: 05/14 Liccation: 5ES kg Service: PED D.O.B.: 10/01 | /16 |
| | | | Allergi | es: ,. se c | ALLERGY SOURCE DOCT | ument | F | AGB 1 |



| | MEDICATION ADMINITURE ION RECORD AMEN PERIOD; 05/14/16-0-1 to 05/15/16-0700 | | | | | | | | | | |
|------|---|-----------------------|--------------------------|----------------|------------------------|---|---------------|--|--|--|--|
| RX # | MEDICATION | | | START STOP | | | | | | | |
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| TIME | INDICATION/ COMPLAINT & SITE | DOSE ROUTE INIT | PAIN SCALE ASSESSMENT | response / out | PAIN REASSE | 1 | INIT | | | | |
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| LEGEND: RD Rt Deltoid RUQ Rt LD Lt Deltoid LUQ Lt | : Upper Ou Upper Ou | iter Quadrant iter Quadrant | RLT Rt Late | eral Thigh Fral Thigh | RDT Rt Dorsel Thig | jh RA | | | VentroGlu VentroGlu | ıteal |
|--|---------------------------------------|--------------------------------|-------------------------------|---|-----------------------|-------|---------|--|------------------------|-------|
| SIGNATURE | INIT. | SIGNATURE | | INIT. | SIGNATURE | INIT. | | SIGNATURE | • | INIT. |
| | | | | | | _ | | | | |
| MEDICATION ADMINISTRA WILLIS-KNIGE 2510 BERT KOUNS I SHREVEPORT, LOUI | HTON SOUTH INDUSTRIAL ISIANA 71 | G LOOP | Name: • Phys; (Age: 2Y | K32346629 Oji, Greg 1 07M Se: Status: S: | x: F Wgt: 29 1b 15.73 | | 13.6 kg | Room/Bed: Adm Date: Location: Service: D.O.B.: | 05/14/16 5ES PED | í |
| | | | Allergie | es: see | ALLERGY SOURCE DOCUME | ent | | | PAGE | 2 |

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| 1 | | | rion admini 05/14/16-3 | ION RECORD of to 05/15/16-0700 | | OMAC7.NS /14/16-0550 |
|------|-------------|-----------------------|---------------------------|-----------------------------------|----------------------------|-------------------------|
| RX # | MEDICATION | | | START STOP | | |
| TIME | INDICATION/ | DOSE ROUTE INIT | PAIN SCALE ASSESSMENT | RESPONSE / OUTCOME | PAIN SCALE REASSESSMENT | TIME INIT |
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| | (2045) | Doorth, W | 2246629 | Med Pacth, K000629 | 504 | Room/Red: | K.E5514-1 |
| SOUTH | | Name: Phys: Oj Age: 2¥ 0 | i, Greg 1 7M Se | L M.D. c: F Wgt: 29 lb 15.7 | | Adm Date: Location: | 05/14/16 5ES PED |
| | n record SOUTH | N RECORD (2946) (SOUTH STRIAL LOOP | N RECORD (2946) Acct#: K3 SOUTH Name: STRIAL LOOP Phys: Oj NA 71118 Age: 23 0 | N RECORD (2945) Acct#: K32346629 SOUTH STRIAL LOOP NA 71118 Age: 2Y 07M Sec | N RECORD (2946) Acct#: K32346629 Med Rec#: K0006296 SOUTH Name: L STRIAL LOOP Phys: Odi, Greg M M.D. | N RECORD (2946) SOUTH STRIAL LOOP NA 71118 Acct#: K32346629 Med Rec#: K000629604 Name: L Phys: Oji, Greg M M.D. Age: 2Y 07M Sex: F Wgt: 29 lb 15.73 oz = 1 | N RECORD (2946) Acct#: K32346629 Med Rec#: K000629604 Room/Bed: SOUTH Name: Phys: Oji, Greg M M.D. Adm Date: Docation: Age: 2Y 07M Sex: F Wgt: 29 lb 15.73 oz = 13.6 kg Service: |

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RUN DATE: 05/14/16 RUN TIME: 0430 RUN USER: THOMAC7.NS

Unit#: K000629604

Willis Knighton South **ADMISSIONS** INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT PAGE 1

Name:

L Rm/Bd: K.E5514

Serv/Locn: PED

Account#: K32346629

DOB: 10/01/13

Age: 2Y 07M

Status: IN

Sex: F

EPI#: 00000001116206

| Interdisciplinary Assessment (Free Text), historical data: | Last Update/ Acknowledgement: |
|--|----------------------------------|
| Allergyl-Med/Contact: | 03/10/16 - 1338 |
| Allergy2-Med/Contact: | 03/10/16 - 1338 |
| Food Allergies-Intol: | 03/10/16 - 1338 |
| Latex Allergy (Y/N): | 03/10/16 - 1338 |

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

05/14/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

| | • | | | ATION ADMINI | to 05/14/16-0700 |) | | OMAC7.N | |
|---------------------------|--|--|------------------------|--|---|------------------|---|--|------|
| RX # | MEDICATION | | | 14 | START STOP | | | | |
| | | de les malerres e français de La lagar lager per magazina | | ***** PRN MEI | S ****** | | | (18) YEŞ | |
| ORD I DOS DOSE INST | ACETAMINOPHEN (TYLENOL) OR: Denham, Sean C SE: (UD CUP(S)) CR: 200 MG (6.25 M SS: FOR TEMP > 100 | M.D. PO Q6H PRN L) | ML UDC (None | e) | 0500 05/14/16 | | | | |
| | (DO NOT EXCEED | 4,000 MG/24HR | S!) | | | <u> </u> | | | T . |
| TIME | INDICAT COMPLAINT | | DOSE ROUTE INIT | PAIN SCALE ASSESSMENT | RESPONSE / CUI | COME | PAIN SCALE REASSESSMENT | TIME | INIT |
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| ORD I | DUONEB 3 ML U (DUONEB) DR: Denham, Sean C SE: 1.5 ML= (0.5 TS: FOR WHEEZE (USE VIA INHAL | M.D. UNIT DOSE(S)) | INH .Q1H | PRN | 0515 05/14/16 | | | and the same of th | |
| TIME | INDICAT COMPLAINT | - | DOSE ROUTE INIT | PAIN SCALE ASSESSMENT | RESPONSE / OU | COME | PAIN SCALE REASSESSMENT | TIME | INIT |
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| LEGEND: | | Upper Outer Qu | 化二角化铁 化光线 人名英格兰 医二乙基乙二 | Rt Lateral Thi Lt bateral Thi | リード しゅん 外別 たく かった 大学 受信 さつしょうがあ カタレザ ざい | 見りみんしん じゃかり かんだん | Rt Abd RVG Rt | 4 5 7 1 p 7 5 6 1 . | |
| no Lt | SIGNATURE | Opper Outer Qu | SIGNATURE | INIT. | SIGNATURE | INIT. | SIGNATURE | | INIT |
| : | CATION ADMINISTRAT WILLIS-KNIGHT 2510 BERT KOUNS IN SHREVEPORT, LOUIS | ON SOUTH DUSTRIAL LOOP IANA 71118 | 946) | Acct#: X3234662 Name: Phys: Oji, Gre Age: 2Y 07M Marital Status: | L g M M.D. Sex: F Wgt: 29 lb 15.7 | | Room/Bed: Adm Date: Location: 5 kg Service: D.O.B.: | 05/14/1 5ES PED | 6 |

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| | MEDICATION ADMINISTRATION RECORD THOMAC7.NS NPERIOD: 05/13/16-051 to 05/14/16-0700 05/14/16-0550 | | | | | | | | | | | | |
|------|--|-----------------------|--------------------------|--------------------|----------------------------|----------|------|--|--|--|--|--|--|
| RX # | MEDICATION | | | START STOP | | | | | | | | | |
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| TIME | INDICATION/ COMPLAINT & SITE | DOSE ROUTE INIT | PAIN SCALE ASSESSMENT | response / Outcome | PAIN SCALE REASSESSMENT | TIME | INIT | | | | | | |
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| TIME | indication/ complaint & site | DOSE ROUTE INIT | Pain scale Assessment | RESPONSE / OUTCOME | PAIN SCALE REASSESSMENT | TIME | INIT | | | | | | |
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| | * | | | · | | | | | |
| MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 | | Acct#: K32346629 Med Rec#: K000629604 Name: Phys: Oji, Greg M M.D. Age: 2Y 07M Sex: F Wgt: 29 lb 15.73 oz = 13.6 kg Marital Status: SIN BSA: 0.55 m2 | | | | | Room/Bed: Adm Date: Location: Service: D.O.B.: | 05/14/16 5ES PED | |

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PAGE 3

| | | | | EON RECORD v1 to 05/14/16-0700 | | OMAC7.N /14/16- | |
|------|------------------------------|-----------------------|--|-----------------------------------|----------------------------|--------------------|------|
| RX # | MEDICATION | | | START STOP | | | |
| TIME | INDICATION/ COMPLAINT & SITE | DOSE ROUTE INIT | PAIN SCALE ASSESSMENT | RESPONSE / OUTCOME | PAIN SCALE REASSESSMENT | TIME | INIT |
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| LEGEND: MD Rt Deltoid MUQ R LD Lt Deltoid LUQ L | t Upper Outer | | Lateral Thigh Lateral Thigh | | high RA Rt high LA Lt | Abd RVG Rt Vent Abd LVG Et Vent | |
|--|------------------------------|---------------|--|--------------------|--------------------------|--|-------|
| SIGNATURE | INIT. | SIGNATURE | INIT. | SIGNATURE | INIT. | SIGNATURE | INIT. |
| | | | | | | | |
| MEDICATION ADMINISTR WILLIS-KNIG 2510 BERT KOUNS SHREVEPORT, LOU | ENTON SOUTH INDUSTRIAL LO | OP Nam Age | t#: K32346629 e: e: Oji, Greg : 2Y 07M Se | x: F Wgt: 29 1b 15 | 29604 6.73 oz = 13.6 | Room/Bed: K.E5 Adm Date: 05/1 Location: 5ES kg Service: PED D.O.B.: 10/0 | 4/16 |

Allergies: .. see ALLERGY SOURCE DOCUMENT ..

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RUN DATE: 05/14/16 RUN, TIME: 0430

Willis Knighton South **ADMISSIONS** INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT PAGE 1

RUN USER: THOMAC7.NS

Unit#: K000629604

L Name: Rm/Bd: K.E5514

Serv/Locn: PED

Account#: K32346629

DOB: 10/01/13

Age: 2Y 07M

Status: IN

Sex: F

EPI#: 00000001116206

| | Last Update/ Acknowledgement: |
|--|----------------------------------|
| Interdisciplinary Assessment (Free Text), historical data: | |
| Allergyl-Med/Contact: NKA | 03/10/16 - 1338 |
| Allergy2-Med/Contact: | 03/10/16 - 1338 |
| Food Allergies-Intol: NKFA | 03/10/16 - 1338 |
| Latex Allergy (Y/N): | 03/10/16 - 1338 |

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

05/14/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

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RUN DATE: 05/15/16

Unit#: K000629604

Willis Knighton South **ADMISSIONS** INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT PAGE 1

RUN TIME: 2341 RUN USER: ROBERSP.DP

Name: Rm/Bd: K.E5514

Serv/Locn: PED Account#: K32346629 DOB: 10/01/13

Age: 2Y 07M

Status: IN

Sex: F

EPI#: 00000001116206

| Interdisciplinary Assessment (Free Text), historical data: | Last Update/ Acknowledgement: |
|--|----------------------------------|
| Allergyl-Med/Contact: NKDA | 05/14/16 - 0436 |
| Allergy2-Med/Contact: NKDA | 05/14/16 - 0436 |
| Food Allergies-Intol: | 05/14/16 - 0436 |
| Latex Allergy (Y/N): | 05/14/16 - 0436 |

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

05/15/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

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PAGE 1 Willis-Knighton South Nursing **LIVE** RUN DATE: 05/14/16 Home Medications NOT An Order RUN TIME: 0450 RUN USER: 0 Home Medications NOT An Order Q 4-6 HR PRN HHN .5 VD ALBUTEROL NOT AN ORDER

Name:

Acct#: K32346629 Room/Bed: K.E5514-1

DOB: 10/01/13

Age: 2Y 07M

Sex: F Weight: 29

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PAGE 1

RUN DATE: 05/16/16 RUN TIME: 1303

Willis-Knighton South Nursing **LIVE**

PATIENT ASSESSMENT

RUN USER: TAYLOA1.NS

INTERDISC DISCHARGE - WKB/P/S

Patient: Account #: K32346629

Admit Date: 05/14/16 Status: ADM IN

Attending: Oji, Greg M M.D.

Age/Sex: 2Y 07M F

Unit #: K000629604 Location: 5ES

Room/Bed: K.E5514-1

Pt's Chief Complaint: COLD SYMPTOMS, WHEEZING, COUGHING *Functional Level Prior To Admit: Assist/Supervision Other Expected Therapy/Outcome: RELIEF OF SYMPTOMS

Brief Summary Of Hospital Stay: RESP TREATMENTS, IV THERAPY, VITALS, MONITOR INTAKE AND : OUTPUT

Discharge Diag./Complications: ACUTE ASTHMA EXACERBATION, URI, S/P ACUTE RESP DISTRESS --- DISCHARGE VITAL SIGNS---

Heart Rate: 105 Resp. Rate: 26 Blood Pressure: 133/72

Type Of Temperature: Temporal Temp: 97.9

Heparin Lock Removed: NOT APPLICABLE

Telemetry Removed: NOT APPLICABLE

Pt/Fam Make Appt In:

Pt/Fam Make Appt In:

--- DISCHARGE FOLLOW UP---

Appt. With: Appt. With:

Appt. With:

Appt. With:

Appt. With: PRIMARY PEDIATRICIAN IN 1 WEEK Referral To: *PT:N *OT:N *CR:N Hospice: N*SS: N *HH:N *Diet Cnst:N *RT:N *ST:N

Pt/Fam Make Appt In: Pt/Fam Make Appt In: Pt/Fam Make Appt In:

---DISCHARGE ACTIVITY---

Functional Level On Discharge: Assist/Supervision Other Resume Normal Activity: Y Restricted Activity For: DOC:

Restricted Activity:

Hygiene Restrictions:

Diet Restrictions: REGULAR DIET

--- TAKE HOME MEDICATIONS -----

| SPECIAL INSTRUCTIONS TIMES NAME/DOSE : ALBUTEROL 2.5 MG NEB EVERY 4-6 HOURS AS NEEDED FOR WHEEZE ORAPRED- GIVE 5 ML BY MOUTH EVERY 12 HOURS FOR 3 DAYS

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--- TAKE HOME MEDICATIONS CONTINUED-----

NAME/DOSE

TIMES

SPECIAL INSTRUCTIONS

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PAGE 2 Willis-Knighton South Nursing **LIVE** RUN DATE: 05/16/16 PATIENT ASSESSMENT RUN TIME: 1303 RUN USER: TAYLOAL.NS INTERDISC DISCHARGE - WKB/P/S Age/Sex: 2Y 07M F Patient: Unit #: K000629604 Account #: K32346629 Location: 5ES Admit Date: 05/14/16 Room/Bed: K.E5514-1 Status: ADM IN Attending: Oji, Greg M M.D. : ÷ : • : 3 : Is Fall Risk Score 12 or higher (Ped) 3 or higher (Adult): Y Verbalizes Understanding Of Discharge Instructions: Y Return Demonstration Of Discharge Instructions: Y Valuables Returned From Business Office: Nevertaken to Bus. office Records Sent With Patient: N Records: Discharged Per: Wheelchair Discharged To: Parent/Guardian Mode Of Transportation: Automobile Accompanied By: STAFF AND FAMILY ---DISCHARGE SKIN ASSESSMENT---I verify that I have performed a complete skin assessment and documented all findings below. Skin Temp/Character: Warm & Dry Pressure Ulcer/Skin Impairment at Discharge: N If YES, list all location(s) and use the Skin Description lookup and/or Free Text for EACH. If >10 locations, document remaining in a Patient Note. SKIN DESCRIPTION LOCATION 7 : : : : ; ; FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc): :SKIN CDI.

968 Willis-Knighton South Nursing **LIVE** PAGE 3 RUN DATE: 05/16/16 RUN TIME: 1303 PATIENT ASSESSMENT RUN USER: TAYLOA1.NS INTERDISC DISCHARGE - WKB/P/S Patient: 6 Age/Sex: 2Y 07M F L Unit #: K000629604 Account #: K32346629 Location: 5ES Admit Date: 05/14/16 Status: ADM IN Room/Bed: K.E5514-1 Attending: Oji, Greg M M.D. ----BRADEN Q SCALE FOR PEDS (LESS THAN 18 YEARS OLD)-----2 No Impairment SENS PERCEP Completely Limited Very Limited Slightly Limited Walks Frequently Walks Occasionally ACTIVITY Bedfast Chairfast No Limitation Slightly Limited Completely Immobile Very Limited MOBILITY Excellent Probably Inadequate Adequate NUTRITION Very Poor Occasionally Moist Rarely Moist Very Moist MOISTURE Constantly Moist Potential Problem No Apparent Problem FRICT/SHEAR Problem Excellent PERF/OXYGEN Extremely Compromised Compromised Adequate 02>95% cap<2sec 02<95% cap>2sec cap=2sec - No Impairment Sensory Perception: 4 - Rarely Moist Moisture: 4 Activity: 4 - Walks Frequently - No Limitation Mobility: 4 - Excellent Nutrition: 4 Friction/Shear: 4 Total Braden Scale Score: 24 DISCHARGE MATERIALS AND INFORMATION GIVEN TO PT OR FAMILY Discharge Material Given: DISCHARGE SUMMARY Discharge Material Given: FOLLOW UP APPT Discharge Material Given: PRESCRIPTION X 1 (ORAPRED) Discharge Material Given: Cardiopulmonary Home Care Instructions Provided: N Dialysis patient: N

Smoking can be hazardous to your health and those around you. ANYONE that smokes should stop for their health! Assistance to stop smoking is available by calling WK Quit (212-4450), the American Lung Association (800-LUNG-USA) or the American Cancer Society (800-QUIT-NOW).

**REMINDER TO PATIENT AND/OR FAMILY: Discard any previous medication lists and update your new medication list with any medication providers and/or pharmacies you use.

Heplock removed: Not Applicable Is there an MD order to leave in place:

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PAGE 4 Willis-Knighton South Nursing **LIVE** RUN DATE: 05/16/16 PATIENT ASSESSMENT RUN TIME: 1303 RUN USER: TAYLOA1.NS INTERDISC DISCHARGE - WKB/P/S Age/Sex: 2Y 07M F Patient: Unit #: K000629604 Account #: K32346629 Location: 5ES Admit Date: 05/14/16 Room/Bed: K.E5514-1 Status: ADM IN Attending: Oji, Greg M M.D. Is there an MD order to leave in place: Foley Catheter removed: Not Applicable Was catheter inserted on this admit: Is there an MD order to leave in place: PICC line removed: Not Applicable Is Home Health set up to care for PICC Line at home: Was PICC flushed and dressing changed according to policy: Were PICC Line Home Care Instructions given to patient: If any other devices were left in place, describe: *** PHYSICAL MEDICINE DISCHARGE NOTE (when applic.) *** * *** RESPIRATORY THERAPY DISCHARGE NOTE (when applic.) *** ÷ • *** OTHER DISCIPLINE DISCHARGE NOTE (when applic.) ***

If pt. delivered baby while in hospital, enter Blood types:

PATIENT BLOOD TYPE :

Department:

Baby 1 Type and RH:

Baby 2 Type and RH:

Patient Or Family Signature

Time Of Discharge:

Nurse Signature: AMBER TAYLOR RN

Date of Birth: 10/01/13 (Automatically defaults; do not change)

Occurred Date: 05/16/16

Monogram: AST Initials: TAYLOA1.NS

Name: TAYLOR, AMBER S

Occurred Time: 1255

Nurse Type: RN

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CRIB WAIVER

refuse to have my child in a crib. I understand that the purpose is to assure the safety of my child. I will not hold the hospital responsible for my decision to have my child placed in an adult bed.

eniles Alexander, the parent of ____

I accept responsibility for my child's safety.

Time:

Date:

Parent's Signature:

Witness:

Room/Bed: K.E5514-1 Adm.Date: 05/14/16

Service: PED Locn: 5ES Fin Class: MA

CRIB WAIVER (4016)
WILLIS-KNIGHTON SOUTH
2510 BERT KOUNS INDUSTRIAL LOOP
SHREVEPORT, LOUISIANA 71118
A NOT FOR PROFIT HOSPITAL
SERVING THE ARK-LA-TEX SINCE 1925

Acct.#: K32346629

Name:

Adm Phys: Oji, Greg M M.D. Age: 2Y 07M Sex: F Marital Status: SINGLE

Allergies: NKA

NKA

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PEDIATRIC SECURITY INFORMATION SHEET

Dear Parent,

Welcome to Willis-Knighton Health System. Your child's safety is a priority at Willis-Knighton. You can help ensure your child's safety by following these important steps:

- 1. A responsible adult should be with a child 12 years or younger at all times.
- 2. Become familiar with hospital personnel. Employees handling your child wear galaxy blue scrubs, lab coat/pediatric theme jacket and a hospital badge with their picture on it. Please take time to notice whether the photo on the badge and the staff member's face are the same. If they are not, notify the nurse's station immediately!
- 3. Pediatric patients must have an identification band on the wrist or foot at all times.
- 4. All Pediatric Nursing staff wear:
 a. galaxy blue scrubs and lab jacket with pediatric theme
 b. a WKHS ID badge with their picture on it.
- 5. Never leave your child alone or unsupervised in your room. Also, keep your door to your room closed at all times.
- 6. Feel free to question anyone who comes into your room. Alert the nurse's station immediately, even if the person is dressed in hospital clothing or seems to have a good reason for being there.
- 7. Never allow your child to leave their room with a staff member unless your nurse introduces that staff member to you. We want you to accompany your child to special procedures that are done off the unit. The nurse will inform you of what procedures that you will not be allowed to be in with your child. Example: You may accompany your child to the outside doors of surgery but will not be allowed in surgery.

Willis-Knighton Health System is dedicated to keeping your child safe and secure. If you have any questions or concerns about our Pediatric Security Policy, please contact your nurse.

SIGNATURE:

WITNESS

DATE/TIME:

0420

Printed: 05/14/2016

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ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any
- 3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 05/14/16 Admission Time: 0208



10/01/13 Denham, Sean C M.D. K32346629 05/14/16

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ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one—third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

| Admission Date: 05/14/16 | 141 H B 1 H B 1 H B 1 H B 1 H B 1 H B 1 H B 1 H B 1 H B 1 H B 1 H B 1 H B 1 H B 1 H B 1 H B 1 H B 1 H B 1 H B 1 | 1111 | | | |
|---|---|------------------|-------------------------------|-----------------|----------------|
| Signature of Authorized Party | Authorized Party's Relationship to the Patient | Date/Time | Witness | Date/Time | |
| If Patient/Guarantor is unable to sign. I, | , either expressed c | - | that I have been given the au | | 0218 |
| Signifure of Matient/Guardian Print Name | Date/Time Guar | | Date/Time (| Witness Pri Man | Date lime / (A |
| responsible for and/or who is unab I acknowledge that I have been in | le to consent on their behalf for aformed of my rights and obli | reasons indicate | ed below. | \mathcal{L} | |

Admission Date: 05/14/16
Admission Time: 0208
AM3349_2
Revised 10/01/2013
Committee Approved 12/13/2013
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10/01/13 2Y Denham, Sean C M.D. K32346629 05/14/16











WILLIS-KNIGHTON MEDICAL CENTER SHREVEPORT, LA EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME:

ACCT. NO: K32302531

GUARANTOR: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

NEXT OF KIN: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT,LA 71107

PHONE:

(318)210-3821

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD

ADDRESS:

ARRIVED FROM: C

ATTENDING PHYS: Willis Jr, Fred Spence M.D.

ADMIT/OTHER PHYS:

PHONE:

PRIM CARE PHYS: UNKNOWN

GROUP # BENEFIT PLAN POLICY # NAME

05/01/16

1105

PRIMARY INS: LA HLTHCARE CONN LA ME

1997286459512

MEDICAID

SECONDARY INS: TERTIARY INS:

FOURTH INS:

ACCT NO: K32302531

ROOM:

STATUS: REGER

TIME: SERV/LOC: ERS

DATE:

UNIT#; K000629604

F/C: MA

SS#: 338-89-3614

PATIENT: ADDRESS: 2247 LEGARDY STREET

SHREVEPORT, LA 71107

PHONE: (318)210-3821

COUNTY: CADDO PARISH

AGE: 2Y SEX:

BIRTHDATE: 10/01/13

RACE

BLACK OR AFRICAN A

RELIGION: NO RELIGION MARITAL STAT: SINGLE

EMPLOYER: JOHNSON'S CARE

ADDRESS: 4038 MARRON PLACE

SHREVEPORT,LA 71109

(318)631-7714

PERSON TO NOTIFY: ALEXANDER, JENNIFER

ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

PHONE: (318)210-3821

RELATION: M

COMMENTS:

REASON FOR VISIT: BREATHING DIFFICULTY

KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: MONETT.AM



Physician Documentation

Name: Aaliyah

Age: 2 yrs **Sex:** Female **DOB:** 10/01/2013 **Arrival Date:** 05/01/2016 Time: 11:05

Bed 12

Willis Knighton South

MRN: 1116206 Account#: K32302531 Private MD: Allen, Scott

HPI:

05/01 This 2 years old African Am/Black Female presents to ED via Carried with complaints of **Breathing** 11:47 **Difficulty**.

cs9

11:47 The patient presents to the emergency department with rhinorrhea, wheezing. Onset: The symptoms/episode began/occurred this morning. Associated signs and symptoms: Pertinent positives: wheezing, Pertinent negatives: congestion, constipation, cough, diarrhea, fever, nasal discharge, seizure, shortness of breath, vomiting. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: albuterol nebulizer. The patient has experienced a previous episode. The patient has not recently seen a physician.

Historical:

- Allergies: No known Allergies: No known drug Allergies;
- Home Meds:
 - 1. Albuterol Nebulizer Unknown as needed for Asthma
- PMHx: Asthma; Bronchitis: Ear infections
- PSHx: None

Historical:

11:33 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations wb1 up to date, Last flu immunization: up to date. Social history: The patient lives at home with father the patient is a minor

11:47 History obtained from mother. The history from nurses notes was reviewed and confirmed.

cs9

ROS:

11:47 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned below. **Constitutional:** Negative for coughing, fever, poor PO intake, SOB, vomiting **Eyes:** Negative for injury, pain, redness, discharge, swelling, vision changes, vision loss **Neck:** Negative for injury, pain, and swelling, **Cardiovascular:** Negative for chest pain and edema, **Abdomen/GI:** Negative for abdominal pain, nausea, vomiting, diarrhea, constipation, hematochezia, hematemesis, melena, anorexia, dysphagia, injury, and distension **Back:** Negative for injury, pain, deformity, and decreased ROM **GU:** Negative for injury, bleeding, and swelling, **MS/Extremity:** Negative for injury, pain, swelling, and decreased ROM **Skin:** Negative for injury, rash, discoloration, swelling, and lesions **Neuro:** Negative for seizure, and altered mental status **Psych:** Behavior and affect appropriate for age. **ENT:** Positive for rhinorrhea, Negative for difficulty handling secretions, difficulty swallowing, hoarseness, nasal discharge, nose bleed, sinus congestion. **Respiratory:** Positive for wheezing, Negative for cough, hemoptysis, sputum production.

Exam: 11:47

Head/Face: Normocephalic, atraumatic.

cs9

Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema.

ENT: Nares patent. No nasal discharge, no septal abnormalities noted. Tympanic membranes are normal and external auditory canals are clear. Oropharynx with no redness, swelling, or masses, exudates, or evidence of obstruction, uvula midline. Mucous membranes moist, pink, and intact.

Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness. Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.

Abdomen/GI: Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding,

rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation.

Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.

Skin: Warm and dry with excellent turgor, capillary refill <2 seconds. No cyanosis, pallor, or rash. No evidence of cellulitis.

MS/ Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion.

Neuro: Awake or easily awakened, alert, makes good eye contact, age appropriate reflexes and responses

to physical exam, good muscle tone, easily consolable

Psych: Behavior, mood, response, and affect are appropriate for age.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted awake, alert, well developed, well hydrated, well nourished, non-toxic, afebrile.

Respiratory: the patient does not display signs of respiratory distress, Respirations: normal, symetrical, no use of accessory muscles, no grunting, no evidence of nasal flaring, no retractions, no shallow respirations, no splinting, no tachypnea, Breath sounds: rales, are not appreciated, rhonchi, are not appreciated, crackles, are not appreciated, wheezing, that is mild, is heard diffusely, bronchial sounds, are not appreciated.

Vital Signs:

| TILLI OIG | 11101 | | | | | | | | |
|-----------|-------|-------|------|------|----------|--------------|------------|------|-------|
| Time | B/P | Pulse | Resp | Temp | Pulse Ox | Weight | Height | Pain | Staff |
| 11:10 | | 153 | 32 | 97.8 | 96% | 13.15 kg / | 38 in. (97 | 0/10 | lmm |
| | | | | | | 28 lbs 16 oz | cm) | ļ | |

Glasgow Coma Score:

| Time | Eye Response | Verbal Response | Motor Response | Modifying Factors | Total | Staff |
|-------|----------------|-----------------|-------------------|-------------------|-------|-------|
| 11:10 | spontaneous(4) | oriented(5) | obeys commands(6) | | 15 | lmm] |

MDM:

11:36 Patient medically screened.

sw2 cs9

11:48

Data reviewed: vital signs, nurses notes, and as a result, I will continue to observe the patient. **Counseling:** I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

14:04 Differential Diagnosis viral infection, bacterial infection. URI, bronchitis, pneumonia, UTI, gastroenteritis, meningitis. I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

sw2

Data interpreted: Pulse oximetry: normal.

Response to treatment: the patient's symptoms have markedly improved after treatment.

| Order | Status | Time | Ву | For |
|---|-------------------------|------------------------|-----------|-----|
| Rocephin 500 mg IM once | Ordered | 05/01/16 11:48 | sw2 | sw2 |
| · · | Administered | 05/01/16 12:05 | wb1 | |
| Notes: | Order Method: E | lectronic | | |
| | | | | |
| 05/01/16 12:05 Administered: Rocephin 500 mg IM ii | n left vastus lateralis | | ., | wb1 |
| 05/01/16 12:15 Administered: Rocephin 500 mg livi ii 05/01/16 12:15 Follow Up: Response: Tolerated well | | | | wb1 |
| | | Time | Ву | wb1 |
| 05/01/16 12:15 Follow Up: Response: Tolerated well | | Time 05/01/16 11:48 | By sw2 | |

Name: Aaliyah

Print Time, 10/1/2019 10 30:06

MRN: 1116206 Account#: K32302531

Page 2 of 4

| Notes: | Order Method: E | lectronic | | | | |
|--|---------------------------------------|----------------|---------|---------|--|--|
| 05/01/16 12:06 Administered: DuoNeb 1 unit dose Inhal | ation | | | wb1 | | |
| 05/01/16 13:16 Follow Up: Response: Tolerated well | , , , , , , , , , , , , , , , , , , , | | | wb1 | | |
| Order | Status | Time | Ву | For | | |
| PrElone Liquid 0.5 tsp PO once | Ordered | 05/01/16 11:48 | sw2 | sw2 | | |
| | Administered | 05/01/16 12:06 | wb1 | | | |
| Notes: | Order Method: E | lectronic | | | | |
| 05/01/16 12:06 Administered: PrElone Liquid 0.5 tsp PC |) | | A, A | wb1 | | |
| 05/01/16 12:15 Follow Up: Response: Tolerated well | | | | wb1 | | |
| Order | Status | Time | Ву | For | | |
| Call X-Ray Tech | Ordered | 05/01/16 12:01 | sw2 | sw2 | | |
| | Completed | 05/01/16 12:11 | Sharon | Beckham | | |
| Notes: | Order Method: Electronic | | | | | |
| Order | Status | Time | Ву | For | | |
| Chest 2 View *routine* | Ordered | 05/01/16 12:01 | sw2 | sw2 | | |
| | Reviewed | 05/01/16 12:37 | Fred Wi | Ilis | | |
| Notes: Bed Name: 12 | Order Method: Electronic | | | | | |
| Interpretation: Normal Except: NEGATIVE ACUTE. | | | | | | |
| ER EXAM ROOM/BED: (OERDERRMBD): 12 | | | | | | |
| MODE OF TRANSPORTATION : (OERDTRANS): STRETC | HER | | | | | |
| O2: (OEADO2): No | | | | | | |
| REASON FOR EXAM: (OERDEXAM): Breathing Difficulty | | | | | | |

Order Signatures:

Willis, Fred. MD

MD sw2

Disposition:

11:48 This chart was scribed by Scott, Christian, Scribe. in the presence of Fred Willis MD.

14:04 Electronically signed by: FRED WILLIS JR MD. Disposition.

cs9 sw2

Disposition:

05/01/16 12:37 Discharged to Home/Self Care. Impression: Bronchitis Acute, Bronchitis Asthmatic.

- Condition is Stable.
- Discharge Instructions: Asthma, Childhood, Bronchitis.
- Prescriptions for

Zithromax 100 mg/ 5 ml Oral Suspension for Reconstitution

- take 7 milliliter by ORAL route one time for 1 day then take (5mg/kg/day) 3.5 milliliters by oral route days 2,3,4,5; 21 milliliter.

Prelone 15mg/5ml Oral Solution

- take 0.5 teaspoonful by ORAL route once daily for 5 days; 1 QS.
- Follow up: Scott Allen; When: Tomorrow.

MRN: 1116206 Account#: K32302531

Page 3 of 4

Name: Aaliyah

Print Time: 10/1/2019 10 30:06

- · Problem is new.
- Symptoms have improved.

Signatures:

Willis, Fred, MD

MD sw2

Beckham, Sharon, ED Tech

ED Tech srb1

Scott, Christian, Scribe

Scribe cs9

Bright, Whitney, RN

RN wb1

Name: Aaliyah

MRN: 1116206 Account#: K32302531

Page 4 of 4

Nurse's Notes

Name: Aaliyah

Age: 2 yrs **Sex:** Female **DOB:** 10/01/2013 **Arrival Date:** 05/01/2016 **Time:** 11:05

Bed 12

Willis Knighton South

MRN: 1116206 Account#: K32302531 Private MD: Allen, Scott

Presentation:

05/01 11:10 Method of Arrival: Carried lmm

11:10 Preferred language for medical communication is English. Presenting complaint: Mother states: pt has been Imm wheezing and having breathing difficulty this am; reports no relief with nebulizer. Person Transporting:

Parent. Transition of care: patient was not received from another setting of care.

11:12 Acuity: 3 - Urgent.

Imm

Triage Assessment:

11:10 **General:** Appears in no apparent distress, Behavior is cooperative, appropriate for age. **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs. Activity, Cry, Consolability scale score is 0 out of 10.

Historical:

- Allergies: No known Allergies; No known drug Allergies;
- · Home Meds:
 - 1. Albuterol Nebulizer Unknown as needed for Asthma
- PMHx: Asthma; Bronchitis; Ear infections
- PSHx: None Historical:
- 11:33 Family history: No immediate family members wb1 are acutely ill. Immunization history: Childhood immunizations up to date, Last flu immunization: up to date. Social history: The patient lives at home with father the patient is a minor.
- 11:47 History obtained from mother. The history cs9 from nurses notes was reviewed and confirmed.

Screening:

11:10 Abuse screen:

Imm

Denies threats or abuse. Denies injuries from another.

Patient fall risk assessment;

risks identified; is of toddler age, Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.

Learning Barriers:

age barrier identified, caregiver ready and willing to learn.

Pedi Fall Risk None Identified.

Exposure risk/Travel Screening:

None identified.

Assessment:

11:33 Pain: currently is 0 out of 10 on a pain scale. level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. General: Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, appropriate for age. mobility; ambulates without assistance. Neuro: Level of Consciousness is alert, awake. Oriented to person. Cardiovascular: Capillary refill < 3 seconds Heart tones S1 S2. Respiratory: Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Breath sounds are coarse bilaterally. Gastrointestinal: Bowel sounds present X 4 quads. Reports normal bowel habits. Genitourinary: Reports normal urinary habits. Dermatologic: Skin is intact, is healthy with good turgor, Skin is dry, Skin is normal. Musculoskeletal: No deficits noted.

11:47 **General:** Pts mother reports cold symptoms and wheezing started this morning. Mom reports pt temp"it was wb1 100.1 this morning.

11:48 EENT: Nares with drainage noted bilaterally.

sd4

Vital Signs:

| Time | B/P | Pulse | Resp | Temp | Pulse Ox | Weight | Height | Pain | Staff |
|-------|-----|-------|------|------|----------|--------------|------------|------|-------|
| 11:10 | | 153 | 32 | 97.8 | 96% | 13.15 kg / | 38 in. (97 | 0/10 | lmm |
| | | | | | | 28 lbs 16 oz | cm) | | |

Vitals:

Nurse's Notes Con't

11:10 Acuity: 3 - Urgent.

lmm

11:33 Body Mass Index = 13.98.

wb1

Glasgow Coma Score:

| Time | Eye Response | Verbal Response | Motor Response | Modifying Factors | Total | Staff |
|-------|----------------|-----------------|-------------------|-------------------|-------|-------|
| 11:10 | spontaneous(4) | oriented(5) | obeys commands(6) | | 15 | lmm |

ED Course:

| ED Course: | |
|--|-----|
| 11:05 Patient arrived in ED. | ms2 |
| 11:05 Patient moved to KIOSK. | ms2 |
| 11:10 Allen, Scott is Private Physician. | lmm |
| 11:10 Triage completed. | lmm |
| 11:13 Patient moved to Waiting. | lmm |
| 11:30 Patient moved to 12. | sd4 |
| 11:33 Bright, Whitney, RN is Primary Nurse. | wb1 |
| 11:33 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Patient has correct armband on for positive identification. Child being held by parent. | wb1 |
| 11:36 Willis, Fred, MD is Attending Physician. | sw2 |
| 12:06 Critical Med Co-Sign: prelone 1/2 tsp, dosage verified by S.David, RN. | sd4 |
| 12:13 Patient moved to Radiology. | kn |
| 12:13 Patient moved to 12. | kn |
| 12:13 Chest 2 View *routine* Sent. | kn |
| 12:37 Allen, Scott is Referral Physician. | sw2 |

Administered Medications:

| Time | Drug & Dose Dispose असे अ Camadity | Volume | Route | Rate | Infused Over | Site | Delivery | Staff |
|-------|---------------------------------------|--------|------------|------|-----------------|-----------------------------|----------|-------|
| 12:05 | Rocephin 500 mg | | IM | | | left vastus lateralis | | wb1 |
| 12:15 | Follow up: Response: Tolerated well | | | | | | | wb1 |
| 12:06 | DuoNeb 1 unit dose | | Inhalation | | | | | wb1 |
| 13:16 | Follow up: Response: Tolerated well | | | | | | | wb1 |
| 12:06 | PrElone Liquid 0.5 tsp | | РО | | | | | wb1 |
| 12:15 | Follow up: Response: Tolerated well | | | | | | | wb1 |

Outcome:

12:37 Discharge ordered by MD.

sw2

13:17 Discharged to home, ambulatory, with family. Discharge instructions given to Mother Instructed on discharge wb1 instructions, follow up and referral plans, medication usage. Demonstrated understanding of instructions, medications, Prescriptions given; 2, No questions or concerns expressed to me at discharge. No belongings were removed by WK staff. Medication reconcilliation form provided. Med Effects: Effects of administered medications were addressed. Oxygen use: Oxygen use not applicable.

13:18 Electronic medical record closed.

wb1

Name: Aaliyah

MRN: 1116206 Account#: K32302531

Page 2 of 3

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Nurse's Notes Con't

Signatures:

Willis, Fred, MD MD sw2 Scriptuser, MEDHOST ms2 David, Syndee, RN RN sd4 Norris, Katie kn Morrow, Latarsha, RN RN lmm Scott, Christian, Scribe Scribe cs9 Bright, Whitney. RN RN wb1

Name: Aaliyah

MRN: 1116206 Account#: K32302531 Page 3 of 3

Print Time 10/1/2019 10:30:17

XR REPORT

REG ER

WILLIS-KNIGHTON SOUTH EPI: 000000001116206

Account: K32302531
Patient: L

Order Dr: Willis Jr, Fred Spence M.D. DOB: 10/01/13

Final Report

Admitting Diagnosis: BREATHING DIFFICULTY

Reason For Exam: Breathing Difficulty Interpretive Location: WKN

Procedure Date: 05/01/2016 Accession Number: 3172112 Procedure: SXR - XR, chest 2 view CPT Code: 71020

IMPRESSION: No Acute Cardiopulmonary Disease.

RESULT: PA AND LATERAL CHEST

Clinical Information: Breathing Difficulty

Comparison: 12/31/2015

Findings: Heart size and contour are within normal limits. The lungs are clear of infiltrate, mass lesion, or effusion. No significant skeletal abnormality is seen.

Electronically Signed by: JOSE MIGUEL ALBA M.D. on May 1 2016 12:25P

RUN DATE: 05 RUN TIME: 1117 RUN USER: MONETT.AM

llis Knighton oth *ADMISSION INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: Rm/Bd: Serv/Locn: ERS Unit#: K000629604 Account#: K32302531

DOB: 10/01/13 Age: 2Y 07M Status: ER Sex: F EPI#: 00000001116206

| Interdisciplinary Assessment (Free Text), historical data: | Last Update/ Acknowledgement: |
|--|----------------------------------|
| Allergy1-Med/Contact: NKA | 03/10/16 - 1338 |
| Allergy2-Med/Contact: NKA | 03/10/16 - 1338 |
| Food Allergies-Intol: | 03/10/16 - 1338 |
| Latex Allergy (Y/N): | 03/10/16 - 1338 |

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

03/12/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

> 10/01/13 Willis Jr, Fred Spe 05/01/16 K32302531



Willis Knighton South

2510 Bert Kouns Industrial Loop Shreveport, LA 71118 318-212-5500

Discharge Instructions for:

Arrival Date:

Care Complete Time:

05/01/16 12:37

05/01/16 11:05 K32302531

2Y 07M Fred Spe

05/01/16

Thank you for choosing Willis Knighton South for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Willis, Fred, MD

Diagnosis:

Bronchitis Acute; Bronchitis Asthmatic

| DISCHARGE INSTRUCTIONS | FORMS | |
|---------------------------------|----------------------|--|
| Asthma, Childhood Bronchitis | None | |
| FOLLOW UP INSTRUCTIONS | PRESCRIPTIONS | |
| Allen, Scott When: Tomorrow | Zithromax Prelone | |
| SPECIAL NOTES | | |
| None | | |

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if anv)

MRN # K000629604

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

FOLLOW UP INSTRUCTIONS

Allen, Scott

When: Tomorrow

PRESCRIPTIONS

Willis Jr, Fred Spe K32302531

05/01/16

Zithromax 100 mg/ 5 ml Oral Suspension for Reconstitution Take 7 milliliter by ORAL route one time for 1 day then take (5mg/kg/day) 3.5 milliliters by oral route days 2,3,4,5; 21 milliliter

Prelone 15mg/5ml Oral Solution Take 0.5 teaspoonful by ORAL route once daily for 5 days; 1 QS

TESTS AND PROCEDURES

Labs

None

Rad

Chest 2 View *routine*

Procedures

None

Other

Call X-Ray Tech











- ASSIGNMENT OF BENEFITS

 I. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.
- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any
- 3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefits: 1, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 05/01/16

Admission Time: 1105

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10/01/13 Willis Jr, Fred Spence M.D. K32302531 05/01/16











ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses, I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am

| Admission Date: 05/01/16 Admission Time: 1105 | | | | | |
|---|---|-------------------------------|--|--------------------------------|------------|
| Signature of Authorized Party | Authorized Party's Relationship to the Patient | Date/l'ime | Wit | ness | Date/Time |
| Signature of Papent/Guardian Print Name Patient/Guarantor is unable to sign, 1, | Date/Time Guar | Name _ , do hereby state t | Date/Time hat I have been given or she is fully aware | Print the authority to sign | Name Date/ |
| X6.1 11.1 | 21 1 | 16/1 | 5-11 | | 1446 |
| esponsible for and/or who is unable acknowledge that I have been in | | | | | |

Revised 10/01/2013 Committee Approved 12/13/2013 Page 2 of 2

AM0005

10/01/13 Willis Jr, Fred Spence M.D. K32302531 05/01/16









03/10/2016

FACESHEET

| WILLIS-KNIGHT | ON SOUTH | | SHREVE | PORT, LA |
|--|--|---------------------------------------|---|--|
| ADMITTING DIAGR | OSIS: | | | Code |
| <u> </u> | | | | |
| | | | | |
| PRINCIPAL DIAG | 08IS: | | | |
| | | | | |
| OTHER DIAGNOSES | <u> </u> | | | |
| - Al-thorage - Dispersion - Designation - De | A | | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
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| operations/othe | R PROCEDURES: | | pate | |
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| | | | | |
| | | | | |
| DISCHARGE STATUS: | Routine AMA SNF/HRF Expired Autopsy OTHER | HHA LENGTH OF STAY DAYS | Physician's Signature | Date |
| Account No. | K32120206 Admission K.E5509/1 Admission | 100 mm | PR MEDITECH Unit Number Subscriber Name | 000629604 |
| Room/Bed Type | ADM IN Location/ | Service PED 5- | Subscriber DOB Social Security Number 3 | 38_89_3614 |
| Last INP DATE | Last Disc | | | |
| Name Street | 2247 LEGARDY STREET | Date of Birth Race | BLACK OR AFRICAN A | sex F |
| City/State/Zip Home Phone | SHREVEPORT,LA 71107 (318)210-3821 | Marital Statu Religion | s SINGLE NO RELIGION | |
| | CADDO PARISH | | | |
| | | Name | ALEXANDER JENNIFER | 2507 - 2507 - 2507 |
| Name Street | CHILD | Street | 2247 LEGARDY STREET p SHREVEPORT,LA 71107 | |
| City/State/Zip Phone | Occupation CHILD | Phone | (318)210-3821 Relation | |
| Name | ALEXANDER, JENNIFER | Name | ALEXANDER, JENNIFER | |
| Street | 2247 LEGARDY STREET | Street | 2247 LEGARDY STREET p SHREVEPORT,LA 71107 | |
| Phone | (3.0/2.0 07-1 | -59-6369 Phone | (318)210-3821 Relations | ship: M |
| Name | JOHNSON'S CARE | Accident Date | Arrival Mode C | - Control of the Cont |
| Street City/State/Zip | 4038 MARRON PLACE SHREVEPORT, LA 71109 | Prim Care Phy Attend. Phy | Tran, Sharon N M.D. | |
| Phone | (318)631-7714 | Other Phys. | Tran, Sharon N M.D. | |
| LA HLTHCARE CO | | | L MEDIC | AID |
| | | | | |
| Is this Patient Comment: NONINU | Here for Pre-Op Testing: | | Admit Clerk: SANDEH.AM | |
| Totice Giv | en: Y Date Notice Gi | ven: 09/23/14 | MEDB Eligible: | |
| Preferred Langua | | Ethnicity: NHILAT | | |
| Known Drug Aller | gies: NKDA | Patient Survey: N | NI I ME MINNIN BRIE II SU DI RE REIN MIN | |





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|--|---------------------------|------------------------|---|
| | | آن ا | |
| WILLIS-KNIGHTON HEALTH SYSTEM | Pediatric Hospita | list Progress No | ie /XC |
| | | | . () () () () () |
| Date: 3/12/14 Time: | Name: | | |
| Interval History: Resting in bed cl | hair or crib | No new problems/co | mplaints |
| Mads / Reviewed Remarks | | | |
| Meds: ☑ Reviewed Remarks | tient 2 family at 2 ber | dside □ per phone | _ |
| ROS: ☐ 10 systems reviewed otherwise Ne | egative Pos | sitive: | |
| and the same of th | - | | |
| Vitals: temp 78 · 4 HR 113 General: Well-hydrated WN NAD HEENT: Normocephalic atraumatic | RR | O2 sat 9 } | M |
| General: Well-hydrated WN NAD |)☑ Nontoxic ☐ Rema | tks | |
| HEENT: ☑ Normocephalic atraumatic □ | Anterior fontanelle ope | n & flat PERR | Conjunctiva clear |
| ☑ No rhinorrhea/congestion ☐ Nasal flari | | | |
| ☐ Remarks Normal ☑ Supple ☑ No rigidity ☐ A | de-conthe Militario | l hander voin distorti | on Fi Domarks |
| Neck: Normal Supple & No rigidity LI A | denopatny ⊔ wasses ∟ | nndnısı veru dizreum | JI LI Remarks |
| Heart: ☐ Normal ☐ S1S2 normal ☐ RRR Lungs: ☐ Normal ☐ CTA bil ☐ Onlabore | d Airmovement of | Sood IT Fair IT Poo | r □ Unlabored □ Rales □ Rhonchi |
| ☐ Wheeze (end expiratory/inspiratory) ☐ € | rankles IT Retractions | ☐ Strider ☐ Remarks | |
| Abdomen: Normal Soft Non-ter | ndor DANon-distanded | Normal active b | owel sounds |
| □ Masses □ Remarks | Ildel Ni IAOU-distellaso | E Tromas double b | DWG, DGG, TE , TE P G G G G G G G G G G G G G G G G G G |
| Extremities: Normal Cyanosis Remarks | Capillary refill less tha | n 2 seconds 🛮 Ed | lema 🗆 Puises |
| Musculoskelatal:□ Normal □ Joints full R | OM □Pain □Contract | res □ Weakness □ | Remarks |
| Skin: II Normal IX Marmida, II Bach | ∏ Remarks | | |
| Neuro: Normal/nonfocal Warm/dry | _Awake □ Alert □ Or | iented DTImes 3 D | Irritable Sedated CN 2-12 intact |
| ☐ Remarks | | | |
| Lab: ☐ Reviewed ☐ Abnormals | Ca_9 | | Segs |
| · · · · · · · · · · · · · · · · · · · | AlbAstAlt | | Bands |
| 140 108 7 | Alk/Phos | > | Lymphs |
| 5.3 n 3.3 | T/Dbill | | ` |
| Other: CM: nwl Vin | f Resigne: B | phino But u | ins |
| | | Maylema | 13 MO |
| Impression: 24/0 Cumule & W | ne illness, | Plan: See orders | Continue medical management |
| | | | lations per consultant/s: |
| Deco to low - Replaced Deriver | ul. | | - |
| Pt was placed in MCU A I nitul | + A lequied | Follow labs | O2, Respiratory Therapy |
| | n. Or als. | | tibiotics, Day #3 |
| M. JIK Manak Albridge | Howet. She | ☐ Continue the | rapy/Rehab Nutrition support |

3/12/14 7 Dete/Time

☑ Sharon Tran, M.D. (2944) ☐ Greg Oji, M.D. (2977)

Physician Signature

PN650_1 Devised 05/01/2015 Whe illn Committee Approved 05/11/2015 Page 1 of 1

| Plan: See orders Continue medical management Recommendations per consultant/s: | |
|--|----|
| | |
| Follow labs - O2, Respiratory Therapy | |
| Continue antibiotics, Day #3 | |
| ☐ Continue therapy/Rehab ☐ Nutrition support | |
| crang. Nichone on Paridox31, | |
| Zimmex 2d, Albrelos pm. | |
| Flu & PUR. Defended APP + DIC + When be | i. |
| ope plane i godnom at legter. | |
| Part >80 min m DIC | |
| | |



10/01/13 2Y 05M Tran, Sharon N M.D. K.E5514 K32120206 03/10/16

Page 1375 of 1758 WILLIS-KINCHTON HEALTH SYSTEM Pediatric Hospitalist History and Physical Patient Name: PCP: LSW Chief Complaint: __ History of Present Illness: 2410 femal Asthma Past Medical/Birth History: Unremarkable Other Suyed 100 days in Mar. Past Surgical History: . Allergies: NKDA | Other Immunizations: UTD UD Other Family History: Noncontributory Other Other Hume weds: Albutul pro

HP652 _ 1 Devised 05/04/2015 Page 1 of 3

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| Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 282 of 331-Page ID #: |
|--|
| Pedanic Hospitalist History and Physical command |
| General: ☐ None ☑ Fever ☑ Decreased appetite/oral Intake ☐ Decreased activity ☐ Fussy ☐ Other |
| HEENT: ☐ None ☐ Head injury ☐ Red/Swollen eyes ☐ Eye d/c ☐ Runny nose ☐ Congestion ☐ Earache ☐ Ear d/c |
| ☐ Sore throat ☐ Other |
| Cardiovascular: |
| Respiratory: None Cough SOB Wheeze Other |
| GI: ☑None ☐ Vomiting ☐ Diarrhea ☐ Constipation ☐ Abd pain ☐ Bloody stools ☐ Other |
| Hematology: ☑None ☐ Easy bruising ☐ Epistaxis ☐ Other |
| Neuro: None Headache Syncope Seizures LOC Other |
| GU: ☐ None ☐ Decreased urine ☐ Dysuria ☐ Discharge ☐ Other |
| Physical Exam: 10 system remarks of orthogonal 24m NC |
| Physical Exam: 10 systems recining forming 24m NC Vitais: Temp 98.4 HR 162 RR 92 02 sat 96 m Wt 12-7 kg |
| General: Well-hydrated WN NAD Nontoxic Remarks - Ferre Rusp difference |
| HEENT: Normocephalic atraumatic |
| □ No rhinorrhea/congestion □ Nasal flaring □ Tempanic membranes normal bil □ Nasal mucosa moist □ Pharynx normal □ Remarks ○ Classification □ Nasal flaring □ Tempanic membranes normal bil □ Nasal mucosa moist □ Pharynx normal |
| Remarks Clumburch |
| Remarks Old Supple |
| Remarks Old Masses Usual Supple Uno rigidity Adenopathy Masses Usual Jugular vein distention Remarks Usual Supple Uno rigidity Adenopathy Usual Remarks Usu |
| Remarks Old Masses Usual Supple Uno rigidity Adenopathy Masses Usual Jugular vein distention Remarks Usual Supple Uno rigidity Adenopathy Usual Remarks Usu |
| Remarks Old Supple |
| Remarks |
| Remarks |
| Remarks Clumber Normal Supple No rigidity Adenopathy Masses Jugular vein distention Remarks Subject Clubber Cl |
| Remarks Club Contractures Remarks Digular vein distention |
| Remarks Clumber Normal Supple No rigidity Adenopathy Masses Jugular vein distention Remarks Heart: Normal S1S2 RRR Murmur Remarks Psubboth Remarks Psubboth Remarks Remarks Remarks Remarks Remarks Remarks Normal Soft Non-tender Non-distended Normal active bowel sounds Hepatosplenomegaly Masses Remarks |

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HENDERSON, AALTYAH L HENDERSON, AALTYAH L 10/01/13 2Y 05M 10/01/13 Tran, Sharon N M.D. (03/10/16 K32120206 Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 283 of 331 PageID #: 992 Page 1377 of 1758

WILLIS-KNIGHTON HEALTH SYSTEM ediatric Hospital History and Phys continued

| 147 110 114 | Ca_9.2 AlbAstAlt Alk/Phos T/DbiliECultur My/Miama_J | 17.1 79.6 8 Blood 34.6 | Segs 64 Bands Lymphs 6 | |
|--|---|---|---|------------------|
| Plan: See orders Continue medical mana IV Fluids Discussed assessment & plus Notes Consults: | olan with 🛚 Patient | □ 62 Respiratory Th □ Family | erapy . | |
| Physician Signature Date/ | | Mmin clusely a continue dos Schooled relos May sulfit, | 2 of Alb reb of the 2 of Alb reb of the 1, Atheret, INStand 1/ INF & INAMA 2; Corfele Plan these of ningerent. | ۳ روخ لاءِ |

HP652 _ 3 Devised 05/04/2015 Committee Approved 05/11/2015 Page 3 of 3



HENDERSON L 10/01/13 2Y 05M Tran, Sharon N M.D. K.E5509 K32120206

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Physician Documentation

Name: Aaliyah

Age: 2 years Sex: Female DOB: 10/01/2013 Arrival Date: 03/10/2016 Time: 06:48

Bed 8

Willis Knighton South

MRN: K000629604 Account#: K32120206 Private MD: Allen, Scott

HPI:

03/10 This 2 years old African Am/Black Female presents to ED via Carried with complaints of Wheezing > 1 07:29 Year.

cs9

07:29 The patient presents to the emergency department with congestion, fever, with an emergency department temperature of 99.0 degrees Fahrenheit, rhinorrhea, wheezing. Onset: The symptoms/episode began/occurred yesterday. Associated signs and symptoms: Pertinent positives: congestion, fever, nasal discharge, wheezing, Pertinent negatives: constipation, diarrhea, seizure, shortness of breath, vomiting. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: Motrin. The patient has experienced a previous episode. The patient has not recently seen a physician.

Historical:

- · Allergies: No known drug Allergies;
- · Home Meds:
 - 1. Albuterol Nebulizer as needed
 - 2. Albuterol inhi as needed
- PMHx: AsthmaPSHx: None

Historical:

07:24 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations dwp up to date. Social history: The patient lives with mother.

07:37 History obtained from mother. The history from nurses notes was reviewed and confirmed.

cs9

ROS:

07:37 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned below. Eyes: Negative for injury, pain, redness, discharge, swelling, vision changes, vision loss Neck: Negative for injury, pain, and swelling, Cardiovascular: Negative for chest pain and edema, Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea, constipation, hematochezia, hematemesis, melena, anorexia, dysphagia, injury, and distension Back: Negative for injury, pain, deformity, and decreased ROM GU: Negative for injury, bleeding, and swelling, MS/Extremity: Negative for injury, pain, swelling, and decreased ROM Skin: Negative for injury, rash, discoloration, swelling, and lesions Neuro: Negative for seizure, and altered mental status Psych: Behavior and affect appropriate for age.

Constitutional: Positive for fever, Negative for coughing, fatigue, fussiness, poor PO intake, shortness of breath, vomiting. ENT: Positive for nasal discharge, rhinorrhea, sinus congestion, Negative for difficulty handling secretions, difficulty swallowing, hoarseness, nose bleed, pulling at ears. Respiratory: Positive for wheezing, Negative for cough, hemoptysis, shortness of breath.

Exam:

07:37

Print Time: 3/10/2016 12:24:21

cs9

Head/Face: Normocephalic, atraumatic.

Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema.

Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal symmetrical motion. No tendemess. No crepitus. No axillary masses or tenderness. Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.

Abdomen/GI: Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding, rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation Back; No spinal tenderness. No costovertebral tenderness. Full range of motion.

*** INCOMPLETE CHART ***

Page 1 of 6



Skin: Warm and dry with excellent turgor, capillary refill <2 seconds. No cyanosis, pallor, or rash. No evidence of cellulitis.

MS/ Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion.

Neuro: Awake or easily awakened, alert, makes good eye contact, age appropriate reflexes and responses to physical exam, good muscle tone, easily consolable

Psych: Behavior, mood, response, and affect are appropriate for age.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted, awake, alert, well developed, well hydrated, well nourished, non-toxic, afebrile.

Respiratory: the patient does not display signs of respiratory distress, Respirations: asymmetrical chest movement, is not seen, accessory muscle usage, is absent, grunting, is not present, nasal flaring, is not appreciated, intercostal retractions, that is moderate, shallow respirations, are not present, splinting, is not noted, tachypnea, that is mild, Breath sounds: rales, are not appreciated, rhonchi, are not appreciated, crackles, that are mild, are scattered, wheezing, that is mild, is heard diffusely, expiratory, bronchial sounds, are not appreciated.

11:07

ENT: External ear(s): are unremarkable, no erythema, no swelling, no pain with movement, Ear canal(s): are normal, clear, no cerumen impaction, no erythema, no purulent discharge, no swelling, TM's: bulging, is not appreciated, decreased mobility, is not appreciated, duliness, is not appreciated, erythema, that is mild, bilaterally, Nose: is normal, no drainage, no edema, no erythema, no septal hematoma, no swelling, Mouth: is normal, no gum abnomalities, no lip abnormalities, no mucosal abnormalities, no tongue abnormalities, Posterior pharynx: is normal, airway is patent, no erythema, no exudate, no peritonsilar mass, no pooling of secretions, no swelling.

Vital Signs:

| Vital Signs | B/P | Pulse | Resp | Temp | Pulse Ox | Weight | Pain Staff |
|-------------|----------|----------|-------------------|----------|------------|---------------------------|------------|
| 07:05 | | 174 | 38 | 99.0 | 96% on R/A | 12.7 kg / 28 lbs 0 oz (M) | eb1 |
| 08:30 | | 188 | | | 98% on R/A | | dwp |
| 08:44 | | | <u> </u> | | 94% | | rbp |
| 08:59 | | | 36 Spontaneous | 99.4(T) | 94% on R/A | | dwp |
| 08:59 | | <u> </u> | | | 93% | | rbp |
| 09:11 | | | | 100.3(R) | | , | dwp |
| 09:14 | | | | | 99% on R/A | | rop |
| 09:29 | | | | | 94% on R/A | | rbp |
| 09:35 | | 167 | | | 96% on R/A | | rbp |
| 09:46 | | 171 | 38 | | 95% on R/A | | rbp |
| 09:49 | <u></u> | 184 | 42 | | | | rbp |
| 09:59 | <u> </u> | | | | 100% | | rbp |
| 09:59 | | 178 | 41 | | 95% on R/A | • | rbp |
| 10:28 | | 180 | 40 | | 96% on R/A | | rbp |
| 10:30 | | | | 99.7(R) | | | rbp |
| 10:59 | | 172 | | | 93% | | rbp |
| 12:00 | | 174 | 39 | 99.4 | 95% on R/A | | rbp |

Glasgow Coma Score:

| Time | Eve Response | Verbal Response | Motor Response | Modifying Factors | Total | Staff |
|-------|----------------|-----------------|-------------------|-------------------|-------|-------|
| 06.56 | spontaneous(4) | oriented(5) | obeys commands(6) | | 15 | eb1 |

Name: Aaliyah

MRN: K000629604 Account#; K32120206

cs9

Print Time: 3/10/2016 12:24:21

MDM:

07:33 Patient medically screened.

Data reviewed: vital signs, nurses notes, and as a result, I will continue to observe the patient, order

radiologic study(s), order laboratory test(s).

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, lab results, radiology results, the need for further work-up and treatment in the hospital.

10:28 I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

Physician consultation: Dr. Sharon Tran MD regarding admission, patient's condition.

ED course: Pt improved but continues to have increase wob. Will admit for continued care and further eval.

10:29 Data interpreted: Pulse oximetry: Interpretation: acceptable.

By For Time **Status** Order ah 03/10/16 07:35 dwp DuoNeb 1 unit dose Inhalation every 15 minutes x2/ Ordered 03/10/16 07:35 dwp Administered 03/10/16 08:00 Administered dwp Order Method: Verbal - Read back Notes: Sign off: Haynes, Andrew, MD 03/10/16 07.36 dwp Administration: DuoNeb 1 unit dose Inhalation 03/10/16 07:35 Follow Up: Response: No Adverse Reaction; No audible wheezing noted dwp 03/10/16 07:50 dwp 03/10/16 08:00 Administration: DuoNeb 1 unit dose Inhalation Follow Up: Response: No Adverse Reaction; No nasal flaring and abdominal retractions dwp 03/10/16 08:31 noted at this time Ву For Status Time Order ah 03/10/16 07:36 ah Ordered Orapred 2 tsp PO once 03/10/16 08:00 dwp **Administered** Order Method: Electronic Notes: Administration: Orapred 2 tsp PO dwo 03/10/16 08:00 Follow Up: Response: No Adverse Reaction dwp 03/10/16 08:31 Status. Time Ву For Order ah ah 03/10/16 07:36 Ordered Call X-Ray Tech 03/10/16 08:05 Pearson, David, RN Completed Order Method: Electronic Notes: Status Time By For Order 03/10/16 07:36 ah ah. Ordered Chest Xray Portable 1 View Reviewed 03/10/16 08:39 Haynes, Andrew, MD Order Method: Electronic Notes: Bed Name: 8

Name: Aaliyah

Print Time: 3/10/2016 12:24:21

MRN: K000629604 Account#: K32120206

Page 3 of 6

ah

cs9

ah

ah









Interpretation: no acute process. SPECIFIC TIME TO BE DONE: (OERDSPECTI): STAT ER EXAM ROOM/BED: (OERDERRMBD): 8 Is the patient able to bear weight? (OERDSEARWT): is the patient at risk for falls? (OERDFALLS): MODE OF TRANSPORTATION : (OERDTRANS): STRETCHER 02: (OEADO2): No REASON FOR EXAM: (OERDEXAM): Wheezing > 1 Year For **Status** Time Ву Order 03/10/16 09:03 ah ah Ordered **CBC** With Diff Haynes, Andrew, MD Reviewed 03/10/16 09:39 Order Method: Electronic Notes: Interpretation: White Blood Cel 17.1; Hemoglobin 10.5; Hematocrit 34.6. COLLECTED BY NURSE? (Y/N) (OELBCBN): No Comments: (OEMICCOM): Ordering Location: ERNPC1.1 Quantity 1: 1 For Ву Status Time Order 03/10/16 09:03 ah ah Ordered Blood Culture, Bacteria Dispatcher MedHost 03/10/16 09:03 In Process Unspecified Order Method: Electronic Notes: COLLECTED BY NURSE? (Y/N) (OELBCBN): No Source (OEMICbld): Venipuncture Is patient allergic to lodine/Betadine? (LBIODINE1); UI=Boolean; Shared=F; Required=T; Visible=T: Quantity or Number of Units: 1 unit Ву For Status. Time Order ah 03/10/16 09:03 ah Ordered Chem 8 Haynes, Andrew, MD Reviewed 03/10/16 09:54 Order Method: Electronic Notes: Interpretation: Glucose 114; Chloride 112; BUN 6. COLLECTED BY NURSE? (Y/N) (OELBCBN): No

Status

Ordered

Administered

Name: Aaliyah

Print Time: 3/10/2016 12:24:21

Comments: (OEMICCOM):
Ordering Location: ERNPC1.1

Tylenol - Acetaminophen Suppository 180 mg PR once

Quantity 1: 1

Order

Notes:

MRN: K000629604 Account#; K32120206

For

ah

84

dwp

dwp

Time

Sign off: Haynes, Andrew, MD 03/10/16 09:19

Order Method: Verbal - Read back

03/10/16 09:10

03/10/16 09:10

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Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 288 of 3314 Page #:

Physician Documentation Con't.

| 03/10/16 09:10 | Administration: Tylenol - Acetaminop | hen Suppository 180 mg | PR | | dwp |
|--------------------|---------------------------------------|---------------------------|----------------|--|-------------|
| 03/10/16 10:31 | Follow Up: Response: Temperature is | decreased | | | rbp |
| Order | | Status | Time | Ву | For |
| DuoNeb 1 unit dos | e Inhalation once | Ordered | 03/10/16 09:39 | ah | ah |
| | | Administered | 03/10/16 09:52 | rbp | 1 11 11 |
| Notes: | | Order Method: E | lectronic | | |
| 03/10/16 09:52 | Administration: DuoNeb 1 unit dose I | nhalation | | /************************************ | rbp |
| 03/10/16 10:37 | Follow Up: Response: still retracting | | | | rbp |
| Order | | Status | Time | Ву | For |
| COLLECT SWAB | | Ordered | 03/10/16 09:39 | ah | ah |
| , | | Completed | 03/10/16 09:52 | Pabalar RN | i. Renaida |
| Notes: | | Order Method: Electronic | | | |
| | | | | | |
| Order | | Status | Time | Ву | For |
| Influenza and RSV | Panel by PCR | Ordered | 03/10/16 09:39 | ah | ah |
| | | in Process Unspecified | 03/10/16 09:40 | Dispatcl | ner MedHasi |
| Notes: | | Order Method: E | lectronic | · · · · · · · · · · · · · · · · · · · | |
| Order | | Status | Time | Ву | For |
| Mycopiasma Rapid | 4.00 | Ordered | 03/10/16 10:43 | Tah | ah |
| wycopiasitia Kapic | ! | In Process Unspecified | 03/10/16 10:43 | | her MedHos |
| Notes: | | Order Method: E | lectronic | | |
| | | | | | |
| 4 | | Status | Time | Ву | For |
| Order | VPB once | Ordered | 03/10/16 10:43 | ah | ah. |
| | 1; m 01.00 | | 03/10/16 11:58 | rbp | |
| | | Administered | 03/10/10 11:00 | 120 | |
| Rocephin 500 mg l | | Order Method: E | | 1130 p | |

Order Signatures:

Haynes, Andrew, MD

MD ah

Pearson, David, RN

RN dwp

Disposition:

07:39 This chart was scribed by Scott, Christian, Scribe. In the presence of Andrew Haynes MD.

cs9 ah

10:28 Electronically signed by: Andrew Haynes M.D. Disposition.

Disposition:

03/10/16 10:29 Admit ordered for Tran, Sharon. Preliminary diagnosis are Asthma with Acute Exacerbation,

Name: Aaliyah

Print Time: 3/10/2016 12:24:21

MRN: K000629604 Account#: K32120206

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Upper Respiratory Infection (URI).

- Bed requested for Specific Bed.
- Condition is Good.
- Problem is new.
- · Symptoms have improved.

Signatures:

dwp **EDMS** Pearson, David, RN RN Dispatcher MedHost RN eb1 Haynes, Andrew, MD MD Bentrup, Edward, RN ah ED Dickson, Angela, ED Tech ajd RN rbp Pabalan, Renaida, RN Tech

Scribe cs9 Scott, Christian, Scribe

Corrections:

10:35 07:39 Data reviewed: vital signs, nurses notes, and as a result, I will continue to observe the patient; cs9 order radiologic study(s).

10:35 07:39 Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis; radiology results, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home; es9

cs9

11:08 07:37 Head/Face: Normocephalic, atraumatic. Eyes: Pupils equal round and reactive to light, extraocular motions intact. Lids and lashes normal. Conjunctiva and sciera are non-interio and not injected. Comea within normal limits. Periorbital areas with no swelling, redness, or edema-ENT: Nares patent. No nasal discharge, no septal abnormalities noted: Tympanic membranes are normal and external auditory canals are clear. Oropharynx with no redness, swelling, or masses, exudates, or evidence of obstruction, uvula midline. Mucous membranes moist, pink, and intact. Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No exillary masses or tenderness. Cardiovascular: Regular rate and rhythm with a normal S1 and 82. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits. Abdomen/Gl: Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding, rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation. Back: No spinal tenderness. No costovertobral tenderness. Full range of motion. Skin: Warm and dry with excellent turger, capillary refill <2 seconds. No cyanosis, pallor, or rash. No evidence of cellulitis. MS/ Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion. Neuro: Awake or easily awakened, alert, makes good eye contact, age appropriate reflexes and responses to physical exam, good muscle tone, easily consolable Psych:

Behavior, mood, response, and affect are appropriate for age.

cs9 cs9

Name: Aaliyah

Print Time: 3/10/2016 12:24:21

MRN: K000629604 Account#: K32120206

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Nurse's Notes

Name: Aaliyah

Age: 2 years Sex: Female DOB: 10/01/2013 Arrival Date: 03/10/2016 Time: 06:48

Bed 8

Willis Knighton South

MRN: K000629604 Account#: K32120206 Private MD: Allen, Scott

Presentation:

03/10 Method of Arrival: Carried.

eb1

06:56 Preferred language for medical communication is English. Presenting complaint: Mother states: child is congested and wheezing, sx started yesterday. Fever yesterday, Person Transporting, Parent, Transition of care: patient was not received from another setting of care. Care prior to arrival: Medications: Advil.

eb1

07:00 Acuity: 3 - Urgent.

ep1

Triage Assessment:

06:56 General: Appears well developed, well nourished, slender, Behavior is cooperative, appropriate for age, eb1 quiet, mobility; ambulates without assistance Reports fever for 12-24 hours, feeling ill for 12-24 hours. Pain: currently is 10 out of 10 on a pain scale, at worst was 10 out of 10 on a pain scale, level that is acceptable is 0 out of 10 on a pain scale. Pain began 1 day ago Alleviated by medications, Noted to be crying, grimacing, moaning. Also complains of Current management is partially effective.

Historical:

Allergies: No known drug Allergies;

Home Meds:

- 1. Albuterol Nebulizer as needed
- 2. Albuterol Inhl as needed
- PMHx: Asthma PSHx: None Historical:

07:24 Family history: No immediate family members dwp are acutely ill. Immunization history:

Childhood immunizations up to date. Social history: The patient lives with mother.

07:37 History obtained from mother. The history cs9 from nurses notes was reviewed and

confirmed.

Screening:

06:56 Abuse screen:

eb1

there are no obvious signs of child abuse.

Patient fall risk assessment;

risks identified; is of toddler age, Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.

Learning Barriers:

age barrier identified, caregiver ready and willing to learn, prefers oral and written instructions.

Pedi Fall Risk

None Identified Total Pediatric Fall Risk Score: 0 - 1 points = Low Risk for Falls. Exposure risk/Travel Screening: None Identified. Has not been out of the country.

Assessment:

07:24 Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 5 out of 10. General: Appears well developed, well nourished, well groomed, uncomfortable, Behavior is cooperative. Neuro: Level of Consciousness is lethargic. Respiratory: Respiratory effort is even, unlabored, with nasal flaring, with retractions, Respiratory pattern is symmetrical, tachypnea audible wheezing heard Breath sounds with wheezes upon inhalation, upon exhalation, bilaterally.

Gastrointestinal: other retractions noted. Musculoskeletal: Range of motion intact in all extremities.

08:48 Neuro: Pt appears lethargic, ERMD notified.

dwb dwp

dwp

08:49 Respiratory: Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, no audible wheezing noted at this time.

rbp

09:51 Respiratory: Respiratory effort is with nasal flaring, with retractions, Respiratory pattern is tachypnea patient keeps on sneezing while awake.

10:27 Respiratory: Breath sounds with rhonchi in left posterior lower lobe and right posterior lower lobe.

rbp

Vital Signs:

Print Time: 3/10/2016 12:24:20

| - 1 | Time | B/P | Pulse | Resp | Temp | Pulse Ox | Weight Pain S | taff | |
|-----|------|-----|-------|--|------|----------|---------------|------|--|
| | | | | | | | | | |

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Nurse's Notes Con't

| 07:05 | 174 | 38 | 99.0 | 96% on R/A | 12.7 kg / 28 lbs 0 oz (M) | eb1 |
|-------|-----|-------------------|----------|---|---------------------------|-----|
| 08:30 | 188 | | | 98% on R/A | | dwp |
| 08:44 | | | | 94% | | rbp |
| 08:59 | | 36 Spontaneous | 99.4(T) | 94% on R/A | | dwp |
| 08:59 | | | | 93% | | rbp |
| 09:11 | | | 100.3(R) | | | dwp |
| 09:14 | | | | 99% on R/A | | rbp |
| 09:29 | | | | 94% on R/A | | rbp |
| 09:35 | 167 | | | 96% on R/A | | rbp |
| 09:46 | 171 | 38 | | 95% on R/A | | rbp |
| 09:49 | 184 | 42 | | | | rbp |
| 09:59 | | | | 100% | | rbp |
| 09:59 | 178 | 41 | | 95% on R/A | | rbp |
| 10:28 | 180 | 40 | | 96% on R/A | | rbp |
| 10:30 | | | 99.7(R) | , | | rbp |
| 10:59 | 172 | | | 93% | | rbp |
| 12:00 | 174 | 39 | 99.4 | 95% on R/A | | rbp |

Vitals:

06:56 Acuity: 3 - Urgent.

07:24 Body Mass Index =

eb1 dwp

Glasgow Coma Score:

| Time Eye Response | Verbal Response | Motor Response | Modifying Factors | Total | Staff |
|----------------------|-----------------|-------------------|-------------------|-------|-------|
| 06:56 spontaneous(4) | oriented(5) | obeys commands(6) | | 15 | eb1 |

| - | Cours | |
|---|--------|-----|
| | I COUR | zo. |

| Ch Adeira. | _ |
|---|-----|
| 06:48 Patient arrived in ED. | ms2 |
| 06:48 Patient moved to KIOSK. | ms2 |
| 06:56 Allen, Scott is Private Physician. | eb1 |
| 06:56 Triage completed. | eb1 |
| 07:06 Patient moved to Waiting. | eb1 |
| 07:11 Patient moved to 7. | dwp |
| 07:15 Patient moved to 8. | dwp |
| 07:17 Haynes, Andrew, MD is Attending Physician. | ah |
| 07:24 Side rails up X 1. Bed in low position. Patient has correct armband on for positive identification. Adult with patient. | dwp |
| 07;51 Patient moved to Radiology. | mh4 |
| 07:51 Patient moved to 8. | mh4 |
| 07:51 Chest Xray Portable 1 View Sent. | mh4 |
| 09:50 uncomfortable. ER nurse to see patient. ED physician to see patient, Andrew Haynes MD. | rbp |
| 09:51 Pulse ox on. Non invasive blood pressure on. Bedside monitor alarms on and audible. | rbp |
| 09:51 influenza culture sent to lab. | rbp |
| | |

Name: Aaliyah

Print Time: 3/10/2016 12:24:20

MRN: K000629604 Account#: K32120206.

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Nurse's Notes Con't

| 10:25 DR TRAN IS PAGED. | ajd |
|---|-----------------|
| 10:27 Pabalan, Renaida, RN is Primary Nurse. | rbp |
| 10:29 Tran, Sharon, MD is Admitting Physician. | ah |
| 10:29 Waiting for Bed Assignment. | ah [.] |
| 10:42 DR TRAN RETURNED CALL. | ajd |
| 11:13 Inserted saline lock IV, 22 gauge in left hand. | rbp |
| 11:51 Waiting for Bed Assignment. | ajd |
| 12:22 No procedures done that require assistance. | rbp |

Administered Medications:

| Time | Drug & Dose | Route | Rate | Duration | Site | Delivery | Staff |
|-------|--|---|-----------|---------------|--------------|------------|-------|
| 07:35 | DuoNeb 1 unit dose | Inhalation | | | | | dwp |
| 07:50 | Follow up: Response: No Adverse Reaction; | No audible wh | eezing no | ted | | | dwp |
| 08:00 | DuoNeb 1 unit dose | Inhalation | | | | | dwp |
| 08:31 | Follow up: Response: No Adverse Reaction; time | No nasal flarin | g and abo | lominal retra | ections note | ed at this | dwp |
| 08:00 | Orapred 2 tsp | PO | | | | | dwp |
| 08:31 | Follow up: Response: No Adverse Reaction | | | | | | dwp |
| 09:10 | Tylenol - Acetaminophen Suppository 180 mg | PR | | | | | dwp |
| 10:31 | Follow up: Response: Temperature is decrea | sed | | | | | rbp |
| 09:52 | DuoNeb 1 unit dose | Inhalation | | | | | rbp |
| 10:37 | Follow up: Response: still retracting | , | | | | | rbp |
| 11:58 | Rocephin 500 mg | IVPB | | 60 mins | left hand | | rbp |

Intake:

Outcome:

10:29 Admit ordered by MD.

ah

12:20 Moved to Floor Room # 502, accompanied by tech, via wheelchair, with chart, Report called to Valerie,RN, using the SBAR communication method. Instructed on admit to floor admission process Demonstrated understanding of instructions. No belongings were removed by WK staff. **Medication reconcilitation form provided. Med Effects:** Patient recieved no medications during this visit. **Oxygen use:** Oxygen use not applicable.

Signatures:

| Pearson, David, RN | RN dwp | Haynes, Andrew, MD | MD ah |
|--------------------------|------------|--------------------------|----------------|
| Bentrup, Edward, RN | RN eb1 | Pabalan, Renaida, RN | RN rbp |
| Scriptuser, MEDHOST | ms2 | Dickson, Angela, ED Tech | ED Tech aid |
| Scott, Christian, Scribe | Scribe cs9 | Harris, Mary | mh4 |

Corrections:

08:48 07:24 Neuro: Level of Consciousness is alert, awake, obeys commands, Oriented to person, place, time;

Name: Aaliyah

MRN: K000629604 Account#: K32120206

Page 3 of 3

Print Time: 3/10/2016 12:24:20









Willis Knighton South

Name: Aaliyah Age: 2 years Sex: Female DOB: 10/01/2013 Arrival Date: 03/10/2016 Arrival Time: 06:48 MRN: K000629604 Account#: K32120206

EMERGENCY DEPARTMENT HOME MEDICATION RECONCILIATION

Allergies: No known drug Allergies

| | Home Medication | Route | Dose | Frequency | Last Dose |
|---|-----------------|-----------|------|-----------|-----------|
| 1 | Albuterol | Nebulizer | | as needed | |
| 2 | Albuterol | Inhl | | as needed | |

Administered Medications: Delivery Duration Site Staff Rate Drug & Dose Route Time dwp Inhalation 03/10 DuoNeb 1 unit dose 07:35 dwp Follow up: Response: No Adverse Reaction; No audible wheezing noted 07:50 dwp Inhalation 08:00 DuoNeb 1 unit dose Follow up: Response: No Adverse Reaction; No nasal flaring and abdominal retractions noted at this dwp 08:31 time dwp PO 08:00 Orapred 2 tsp dwp Follow up: Response: No Adverse Reaction 08:31 dwp PR Tylenol - Acetaminophen Suppository 180 mg 09:10 rbp Follow up: Response: Temperature is decreased 10:31 rbp Inhalation. DuoNeb 1 unit dose 09:52 rbp Follow up: Response: still retracting 10:37 rbp 60 mins left hand **IVPB** 11:58 Rocephin 500 mg

| P | rescriptions: | |
|---|-------------------|-------------|
| П | Prescription | Custom Text |
| ۲ | (Nothing entered) | |
| | | |

| DISCHARGE | INSTRUCTIONS |
|-------------|-----------------|
| Change Home | Meds as Follows |

ALL ORDERED MEDICATIONS MUST BE WRITTEN ON HOSPITAL ORDER SHEET. THIS DOCUMENT IS NOT A PHYSICIAN ORDER SHEET

PAGE 1

| RUN | DATE: | 03/12/16 |
|-----|-------|-----------|
| RUN | TIME: | 1011 |
| RUN | USER: | COOKC4.NS |

Willis Knighton South *ADMISSIONS*

Discharge Orders/Discharge Medication Reconciliation

WKHS PHEUMOCOCCAL Vaccine Protocol PREVNAR 13 (Pneumococcal 13 Valent Vaccine)

| ACMINISTER ISER KOUND |
|---|
| Contraindications (Do NOT administer) (Check all that apply) |
| Patient does not meet vaccine indications below |
| Patient has received Pneumovax (Pneumococcal 23 Valent) vaccine within the last year |
| Patient has received Prevnar-13 (Pneumococcal) 13 Valent Vaccine |
| Patient refused vaccine |
| Known sensitivity to previous dose of pneumococcal vaccine |
| Known sensitivity to Diptheria Toxold containing vaccines |
| Indications (Check all that apply) |
| 65 years of age or older AND none of the contraindications above |
| 65 years of age or older, pneumococcal vaccination status unknown AND none of the contraindications above |
| If NO Contraindications Administer Prevnar-13 (Pneumococcal 13 Valent Vaccine) 0.5 mL IM |
| Lot Number: Manufacturer: |
| Date on vaccine information sheet: |
| Patient vaccine consent:Patient Signature |
| *Document administration of vaccine on patient's MAR |

Manda Volland Assessment completed by:

Comandre l'stant ru

Clarification (by Pharmacy) of Prevnar-13 (Pneumococcal 13 Valent Vaccine order): The patient has received Pneumovax (Pneumococcal 23 Valent) in the last year. Do NOT administer The patient has previously received Prevnar-13 (Pneumococcal 13 Valent). Do NOT administer

Assessment clarification completed by:

Date / Time

Printed Name

This is a protocol approved by Medical Staff 9/2006 and revised 9/2007, 12/2010, 4/2012, 09/2013, 08/2015; therefore does not require a physician signature. This is in accordance with the Law Governing the Practice of Nursing and Louisians State Board of Medical Examiners position statement. (LSBN, Examiner, Winter 2003)

THIS DOCUMENT IS A PERKAMENT PART OF THE MEDICAL RECORD



Name: Acct#: K32120206

Room/Bed: K.E5514-1

DOB: 10/01/13 Age: 2Y 05M Sex: F Weight: 27

PAGE 2 Willis Knighton South *ADMISSIONS* RUN DATE: 03/12/16 RUN TIME: 1011 Discharge Orders/Discharge Medication Reconciliation RUN USER: COOKC4.NS WKHS Adult Influense Vaccine Protocol INFLUENZA Vaccine [Quadrivalent Inactivated (killed)] Administer September - Warch Contraindications (Do NOT administer) (Check all that apply) Patient under age 18 years of age Vaccine not required (April - August) Patient previously immunized this flu season Patient refused vaccine History of serious reaction to vaccine History of allergy to eggs History of Guillain-Barre Syndrome Indications (Check all that apply) 18 years of age or older AND none of the contraindications above If NO Contraindications Administer Influenza (Quadrivalent) Vaccine 0.5 mL IM Influenza vaccine given Manufacturer:_ Lot number: _ Vaccine Information Sheet (VIS) given to patient: YES NO Date on vaccine information sheet: _ Patient vaccine consent: Patient's Signature *Document administration of vaccine on patient's MAR

This is a protocol approved by Medical Staff 9/2006 and revised 9/2007, 12/2010, 4/2012, 09/2013, 08/2015; therefore does not require a physician signature. This is in accordance with the Law Governing the Practice of Nursing and Louisiana State Board of Medical Examiners position statement. (LSBN, Examiner, Winter 2003)

THIS DOCUMENT IS A PERMANENT PART OF THE MEDICAL RECORD

Polland In



Lamandra Yollar Assessment completed by:

Name:

Acct#: K32120206 Room/Bed: K.E5514-1

DOB: 10/01/13 Age: 2Y 05M Sex: F Weight: 27

mandre

| RUN TIME | : 03/12/16 Willis Knighton South *ADMISSIONS* : 1011 Discharge Orders/Discharge Medication Reconciliation : COOKC4.NS | PAGE 3 |
|----------|---|--|
| | pischarge: 3/14/14 e patient to: | |
| Diagnosi | s. Status Athunias, Villillers, Resp. Failur-Resolved | : |
| Allergie | s: NKA NKA | alkopoletonovikali consus remensuoremass |
| | Follow-up: E PUP in 1 well | |
| , | D 0 0 _ | |
| | Vaccine Protocol: | |
| <u>1</u> | Follow Flu/Pneumonia Vaccine Protocol Activity: | |
| - | Resume normal activity No driving Other: No climbing stairs No lifting | |
| | Hygiene Restrictions: No restrictions Shower only Tub bath only | |
| | IV Therapy: discharge with saline lock in place discharge with PICC line in place discharge with central line in place discharge with central line in place discharge with port access needle in place | |
| | Drainage devices: discharge with urinary catheter in place | |
| | discharge with drain in place | |
| | discharge with (other) in place | |
| OR | Complete NIHSS on discharge (WKP only) | |
| -2 ^ | See physician discharge sheet (attached) | |
| | Name HENDERSON YAH L ACCL#: K32120206 Room/Bed: K.E5514-1 DOB: 10/01/13 Age: 2Y 05M Sex: F Weight: 27 | |

| mtinue at bossey lease circle (es) No | DIS | SCHARGE MEDICATION REC | CONCILIATION | |
|---|---------------------------|------------------------|--|------------------------|
| iesse circle | | whdor | | |
| res No | | | erl medications | |
| | ORAPRED U/D (PREDNISOLONI | 12mg (4ml) | PO (REFRIGERATE!) | Q12H |
| Change: X | 3 days | | | |
| Yes No | XOPENEX 1.25 (LEVALBUTERO | DL) 0.63 MG | inh (use via inhalation ne | .Q4H BULIZATION ONLY!) |
| Change: A | 16 mm 1 25 | M Neb 04 | 1-6 pm where | |
| Yes No | ZITHROMAX (AZITHROMYCIN) | 65 MG (3.25 ML) | PO GIVE 3.25 ML (65 MG) O (SHAKE WELLI) (STORE | |
| Change: X | 2 days lab | el to home | ease | |
| ntinus at home? sews circle | | y neg | HOLCATIONS | |
| Yes No | TYLENOL (ACETAMINOPHEN) | 180MG (5.62ML) | PO PRN TEMP >/= 101 DEGRE (DO NOT EXCEED 4,000 M | |
| Change: | | | | |
| Yes (G) | ZOFRAN (EQUIV) (ONDANSE | PRON) | 2 MG IV PRN NAUSEA, VOMITING | PRN .Q4H |
| Change: | | | | |
| Moted MEDICA | C. Polland R | s 3lrl | 16 6 1557 - | |
| | | | | |
| | | | | |
| | | | | |

| RUN DATE: 03/12/16 Willis Knighton South *ADMISSIONS* RUN TIME: 1011 Discharge Orders/Discharge Medication Reconciliation RUN USER: COOKC4.NS | | | | |
|---|--|-----------|--|--|
| Physician Signatur Signature certifie | e: <u>Jayy</u> s the above discharge order and discharge medications Date: 7/11/19 | Time: 3pm | | |
| Clarfinations, If | | 559 | | |
| -1 (012 | The state of the s | | | |
| Physician Signature | e: Date: needed if clarifications are noted) | Time: | | |

Name: HENDERSON, AALIYAH L Acct#: K32120206

Room/Bed: K.E5514-1

DOB: 10/01/13 Age: 2Y 0SM Sex: F Weight: 27

RUN DATE: 03/12/16 Willis Knighton South *ADMISSIONS* PAGE 6
RUN TIME: 1011 Discharge Orders/Discharga Medication Reconciliation
RUN USER: COOKC4.NS

Home Medications NOT An Order

Por Information/Comparison Only

ALBUTEROL

NOT AN ORDER

Namo:

Acct#: K32120206 Room/Bed: K.E5514-1

DOB: 10/01/13 Age: 2Y 05M Sex: F Weight: 27

16

| Date Ordered | Time Ordered | Orders | motion seguet |
|-----------------|-----------------|---|-------------------|
| B/4/15 | 430 | A D Athert 604 | 1 2.0 3/11/1800 |
| (' | m | Sign 244 | |
| | | Moted Challand RN 3/11/14 | · C 1632 |
| 3/11/10 | 1800 | Disortinue UD Atrount HAM. T.O.V. Dr. Tran K.Eli, R.R.T. | Contricker |
| 3-11-16 | 200 | Situation 1/3 | GBS Ca Watson RN) |
| 311-16 | 28,00 | 24° Chart Check | - geniedlatan |
| | | | |
| | | | |
| | | | |
| | | | |

Prohibited Abbreviation:

IU MgS04 MS MS04

Please Use: international unit magnesium sulfate morphine sulfate morphine sulfate daily

Prohibited Abbreviation q.o.d. or QOD

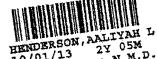
Uoru Trailing zero (x.0 mg) Lack of leading zero (.x mg) Picase Use: every other day

Never write a decimal point (X mg)
Always use a zero before a decimal point (O.x mg)

QD or qd Committee Approved Blank Order Form - Must be Hand Written







HENDERBUM, ARUTIAN 19 10/01/13 2Y 05M 10/01/13 NM.D. K.E5509 Tran, Sharon N M.D. 03/10/16 K32120206

off in melan my manaplaten eif nen als als als

| RUN DATE: 03/11/16 RUN TIME: 0926 RUN USER: EVEREC.NS | Willis Knighton South *ADMISSIONS* Transfer Orders/Transfer Medication Reconciliation | PAGE 1 |
|--|---|--|
| Transfer To: Medicine | Telemetry Stepdown III ICU | Postpartum Ads Por |
| Vital Signs: Any prod | -61 | |
| Xrays (reason for exam): | | |
| Labs: | | |
| Activity: Ad lib Bedrest | with Bathroom Privileges 🗀 Up with Assist 🔯 Strict | Bedrest |
| IV Therapy: Discontinue Central Line Dev Maintain Central Line Access | ice and Obtain PIV access prior to transfer | |
| Con inue; SCD's TEDS Foot pump | Urinary Catheter or Follow Houdini Protoco for catheter removal | 1 |
| Additional Orders: | 13 290 while reader, 286 W | il sleiger |
| | | |
| | | |
| | TRANSFER MEDICATION RECONCILIATION | |
| Continue on transfer Planse virole | **** Hosfital Medicati | n/Aed |
| Yes No ATROVENT 0.028 | (IPRATROPIUM BROMIDE 0.02%) IN 2.5 ML UNIT DOSE (USE VIA INHALATIO | H .Q6H N NEBULIZATION COLLY)) |
| Yes No KCL / D5W-0.45 | \$NS (KCL / D5W-0.45\$NS) IV | .complete confidence continuous infusion |
| Change: | - Page 1995 | Pass |
| | Name: Acct#: K32120206 Room/Bed: K.PICU1-1 DOB: 10/01/13 Age: 2Y 05M Sex: F | Weight: 27 |

Clause 74 = /4/10 1090







| RUN DATE: 03/11/3 RUN TIME: 0926 RUN USER: EVEREC | Transfer Ord | is Knighton South */ ers/Transfer Medicat | | | PAGE 2 |
|---|---|---|--|---|----------|
| Yes (No) | SOLU MEDROL (METHYLPREDNISO | LONE) 15 MG (0.375 ML) | IAb | QBH | |
| Change | Drawered, 12 max | PO Q12 | | - The second of | |
| Үев Жо | XOPENEX 1.25 (LEVALBUTEROL) | 0.63 MS | INH (USB VIA INHALATION NEBU | , Q2H LIZATION ONLY!) | Jagore |
| Change: | Q 3 | ************************************** | | | 1055 |
| Yes No | ZITHROMAX (AZITHROMYCIN) | 65 MG (3.25 ML) | PO GIVE 3.25 ML (65 MG) ONC (SHAKE WELL!) (STORE AT | | 3/4/10 |
| Change: | | | | | |
| Cohrinus on trans | | v*** IV | MEDICATI | a. | |
| tes No | MAGNESIUM SULFATE 50% 500 (MAGNESIUM SULFATE 50 IN: D5W 25 ML BAG (25 ML (D5W) | () | 0 MG) RATE: 1.05.2 MLS/HR | FREQ: Q6H | |
| Change: | | | | | |
| Yes (No | CEFTRIAXONE 1 GM VIAL (0 (ROCEPHIN) IN: DSW 50 ML BAG (50 ML (DSW) | | RATE: 50 MLS/HR | FREQ: Q24H | |
| Change: | | | | | <u> </u> |
| Continue on trans | ee: | eses pan | NEUTONI | | **** |
| res No | TYLENOL (ACETAMINOPHEN) | 180MG (5.62ML) | PO PRN TEMP >/= 101 DEGREES (DO NOT EXCEED 4,000 MG/ | | |
| Yes No | TYLENOL (ACETAMINOPHEN) | 180MG | R PRN TEMP >/= 101 DEGREES | PRN .Q4H F. | |
| Change: | ZOFRAN (EQUIV) (ONDANSETRO) | N) | 2 MG IV PRN NAUSEA, VOMITING | PRN ,Q4H | |
| | | Name: HENDERSON Acct#: K32120206 Room/Bed: K, PICUL DOB: 10/01/13 Ag | L e: 2Y 05M Sex: F Weight | | |
| | | | () (1) - M | - July 000 | <u>'</u> |

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 303 of 331 PageID #: 1012 Page 1397 of 1758

| 1012 | |
|------|--|
| | |

| - | | | | - |
|----------|-------------------|--|---|---|
| £ | DATE: TIME: | 03/11/16 | Willis Knighton South *ADMISSIONS* Transfer Orders/Transfer Medication Reconciliation | 3 |
| 1 | | EVEREC.NS | ITMINET OTHERS ITMINET MENTION RECONSTITUTION | |
| | Change | 1 | | |
| | | | <i>A</i> . | |
| ADD | I TIONA | L MEDICATONS | (NEW MEDICATIONS) | |
| | | | | |
| | | | | |
| | | ······································ | | |
| | | | | |
| Ph Si | ysician guatur | n Signature: | the above transfer orders and transfer medications Date: 3/1/1/4 Time:/ Time: | |
| C1 | idelca | lions, If ne | CESBATY | |
| | 1 | | | |
| <u> </u> | \top | | | |
| | / | | (Cureus PN 3/1/Ke 1040 | |
| | <u></u> | | | |
| Phy | rsician (Sign | n Signature: ature only n | eeded if clarifications are noted) | |
| | - | | | |



Name; HENDERSON ACCUT: K32120206
Room/Bed: K.PICU1-1

DOB: 10/01/13 Age: 2Y 05M Sex: F Weight: 27

| 3/10/10 1815 Reg diet if no significant rosp. distress Tov Dr Tran Durman, en S Freeman, RM | |
|---|---------------------------------------|
| Tov De Town Adversor Red | |
| | |
| 5 Freeman, RM | |
| 1 2 1/2 1/4 / / MOORAD PM (XI) | |
| 3/10/10 DE TOURNER SIT 1944 3/1/1 | |
| | · · · · · · · · · · · · · · · · · · · |
| 3/10/14/1920 24 Chart MH RN - | |
| | |
| 3/10/14 2035 70 fran 2mg IV Q 4 PRN Navsen/Von.t. | m) |
| Tylenol 180mg POIPR QY'PRN T= | :101 |
| Too Read back On Toan Myl | RN |
| STEMA | 1 3/11/14 |
| Noted MARRY 3/10/14 203 | |
| | |
| 5AXED | |
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| 3/11/16 0920 DIC Solumedial DIC 1V Lewis | |
| DC Boephra | |
| Organd 12 me go Q 12 hr 5/2 X/E/A | |
| TOV Que for 10. Court A | |
| | > |
| J. 17944 (June 19 5/11/16 0920 | · |
| Prohibited Abbreviation: Please Use: | nt (O.x mg) |

Committee Approved Blank Order Form - Must be Hand Written

daily



HENDERSON L 10/01/13 2Y 05M Tran, Sharon N M.D. K.E5509 K32120206 03/10/16

Printed: 03/10/2016

QD or qd



| Date Ordered | Time Ordered | Orders Orders Orders |
|--------------------|-----------------|--|
| 10/10 | (250) | "Albutero 2.5 mg (020 1 st love wow) Mide ONOM |
| 1011 | | Atrovent unit Dose HHO QLO |
| | 1 | Solumedro 15mg IVQ120 |
| | | 2, thromay 130mg IVXI Dose NOW, then, |
| | | 105mg PO Q240 X4 days 200 100 2000 20011 |
| 1 | | VK000 02 8At >90% |
| | - | Tou De Tran Walarie Vann RAD |
| | | APR DO 2014 1971 1975 |
| | | Noted Volane Vanner 3/10/10 His |
| 13/10/16 | 2m | 1 CM monitor |
| 1-1-1 | 1 | Magnerian rulfate 650 mg IV over 15mh STAT Soturnedule 15 mg IV 68 Sixu 2944 |
| / | | Toturidue 15 mg 10 68 Signa 2947 |
| \ | 1 7 | Time less vanie on what |
| | | Albund 5mg not continue or I homex I william |
| + | | 1410 |
| | | |
| _ | | |
| | | Noted Valare Varner 3/10/14 1415 |
| | | TOUR GARAGE VICE SCIT |
| 310/110 | KND | 1.25mg xopenex 924 |
| Mohin | 1000 | The De Transportation |
| 3/19/4 | Die | man Ru 1800 San 1944 3/11/16 |
| Prohibited | Abbreviation: | Please Use: Prohibited Abbreviation Please Use: |
| IU Mg\$04 | | magnesium sulfate U or u unit Trailing zero (x 0 mg) Never write a decimal point (X mg) |
| MS MS04 | | morphine sulfate Trailing zero (x.0 mg) Mever write a decimal point (X mg) morphine sulfate Lack of leading zero (.x mg) Always use a zero before a decimal point (O.x mg) daily |
| QD or qd Commit | tee Approve | d Blank Order Form – Must be Hand Written |





10/01/13 2Y 05M Tran, Sharon N M.D. K.E5509 K32120206 03/10/16 att in Atlmanitath bitann abandan bib

Printed: 03/10/2016

| RUN DATE: 03/10/16 RUN TIME: 1550 RUN USER: FRAZIR.N | | · · | Knighton South /Transfer Medic | *ADMISSIONS* ation Reconciliation | on | | PAGE 1 |
|--|--------------------------------------|--|--|--|---------------------------------------|--|--------------|
| | | | | | | | |
| Transfer To: | Medicine | Telemetry | Stepdown | Z ICH | Postpart | rim | |
| Vital Signs: | Plan prot | icl | | | | _ | |
| Krays (reason for | exam) CXY | 2 121 Apr | i upn av | was to Pla | 410 | | |
| Vital Signs: | P, My | , Phos in | am W | | | | |
| Activity: Ad 1 | | | | | | | |
| IV Therapy: | | | | | | | |
| | entral Line Devi- ral Line Access | ce and Obtain Pl | V access prior | to transfer | L | | 昌D |
| Continue: | | | | | U | | مستا لسسس |
| SCD's TEDS Foot pump | | Urinary Cath | eter or | Follow Houdini Pro- for catheter remove | | | |
| Additional Orders: | | | | | | | |
| | | | | | | | |
| | | | | | | ************************************** | |
| | | and the second s | | <u>,</u> | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | TRANSFI | ER MEDICATION RE | CONCILIATION | | | |
| Continue on transf | Čiš | | **** 1 | OPPITAL MEDICATION | | | *** |
| Please circle | | | | | | | |
| Yes No | ATROVENT 0,02% | | OMIDE 0.02% | | INH | . Д6Н | |
| <u> </u> | | · · | | (USE VIA INHAL | ATION NEBULIZA | TION ONLY! | |
| Change: | KCL / D5W-0.45% | NS (KCL / D5W- |).45%NS) | | IV | .continuous | INFUSION |
| | 101 / 2011 0 120 | | 45 ML/HR | and the second s | · | | |
| Change: | | | | | | | |
| | | 1 | Name: #################################### | 2-1 | F Weight: 27 | , | |

3/10/16 Steeman, RN 1800 Streamen, RM

Name:

Acct#: K32120206 Room/Bed: K.E5502-1

DOB: 10/01/13 Age: 2Y 05M Sex: F Weight: 27

3 hope Steeman, Ru 1800 Stroman, Ru



| | RUN DATE: 03/10/16 RUN TIME: 1550 RUN USER: FRAZIR.NS | ONS* conciliation | PAGE 3 | |
|---|---|--|------------------|---------|
| | Physician Signature: | ansfer orders and transfer medications | Date: 3/19/16 Ti | me: 4pm |
| | Clarifications, If necessary | A-4 | | |
| | 3/10/16 Ofcaman, R | in 1800 | | |
| 4 | Physician Signature: | | Date:Ti | me: |
| | (Signature only needed if cla | rifications are noted) | | |

Name:

Acct#: K32120206 Room/Bed: K.E5502-1

DOB: 10/01/13 Age: 2Y 05M Sex: F Weight: 27



Admit DR TRAN

| Pediatrics Asthma Hospital Order Patient Information Patient Name A. Hender | |
|--|------------------------------------|
| Date of birth | |
| | |
| Level of Service/Diagnosis Inpatient admission - de As Marie Exercist Observation | S @ WEIT |
| Allergies | |
| No known allergies | |
| ☐ Known allergies (including food) | |
| Activity Ambulate Other | |
| | |
| Diet, breest milk q 2~4 hr on demand * Diet, infant/pediatric formula | g 3-4 hr |
| ☐ Diet, regular | |
| ☐ Diet, regular ☐ NPO ☐ Other Regular | |
| A STORY OF STREET | |
| Nursing | |
| ☐ Elevate HOB | 1. ** |
| ✓ Measure intake and output q 12 hr (floor routine) ✓ Measure weight dally in Kg | Y |
| Pain Management Protocol, Infant | |
| Peripheral IV | |
| ✓ S upon arrival, then q 4 hr (floor routine) | |
| ☐ Notify provider for | |
| ☐ Notify provider for | |
| ☐ Notify provider for | |
| □ Other | |
| Patient/Caregiver Education | |
| Education, nebulizer | |
| ☐ Education, upper sirway suctioning | |
| ☐ Other | |
| Respiratory Asthma and Recurrent Wheezing Protocol albuterol (PROVENTIL) levalbuterol (XOPENEX) 0.31 milligram by nebulizer | |
| levalbuterol (XOPENEX) 0.63 milligram by nebulizer | |
| levalbuterol (XOPENEX) 1.25 milligram by nebulizer | r . |
| Other | |
| AXE Talque Vann A | EN 3/10/15 14/5 |
| | III IN NITHE SSIL WELLER FIN NIE |
| | |
| 03912_1 evised 02/02/2015 10/01/13 2Y 05M | HENDERSON F |
| age 1 of 4 Tran, Sharon N M.D. K.EJJU | |
| K32120206 03/10/16 | K32120206 000000001116206 |

PO3912_2 Revised 02/02/2015 Page 2 of 4

2Y 05M Tran, Sha K32120206 Sharon N M.D 03/10/16



10/01/13

K32120206

| | latrics Asthma Hospital Order cont. ent Information Patient Name |
|---|--|
| | Date of birth |
| d | ications cont |
| | Leukotriene Receptor Antagonists montelukast (SINGULAIR) 4 mg PO daily, in the evening age 6 months to 5 years montelukast (SINGULAIR) 5 mg PO daily, in the evening age 6 to 14 years montelukast (SINGULAIR) 10 mg PO daily, in the evening age greater than or equal to 15 years Other |
| | Other Medications O Rocephin 500 m Wa 24° /18ths grun |
| | NET- |
| h | pratory |
| | Chemistry □ Blood gas, capillary now □ Blood gas, venous now □ Blood urea nitrogen now □ Creatinine, serum now □ Glucose now |
| | Hematology Billrubin, total ☐ now ☐ in am |
| | CBC w automated WBC differential now now now now now now now no |
| | Microbiology Culture, blood now Culture, stool now Culture, urine now Influenza virus A and B, EIA now, by nasal swab RSV antigen now Rotavirus antigen now Other |
| | Panels Basic metabolic panel |
| | Other |
| | Urine Studies Urinalysis screen w reflex microscopic now catheterized clean catch midstream pediatric urine collector |
| | |
| | Other |

PO3912_3 Revised 02/92/2015 Page 3 of 4

2Y 05M

10/01/13 2Y 05M Tran, Sharon N M.D. K.E5509 K32120206 03/10/16

K32120206

10/01/13

WILLIS-KNIGHTON HEALTH SYSTEM

| Pediatrics Asthma Hospital Order cont | t. |
|--|----------------------|
| Patient Name | |
| Date of birth | |
| Radiology X-ray D VP chect 1 view now-resean for ave | ım |
| | am |
| | son for exam |
| Other | |
| Diagnostic Tests Pulmonology | |
| ☐ Pulmonary Function Test, now Consults ☐ Care management consult | |
| Consult to | |
| Consult to | |
| Other | |
| water and the second se | |
| Physician signature | 3/10/16 Date/Time |
| APrinted Name or Dictation # | /030 |
| Noted Valene | Jan RD 3/10/15 14/5 |

PO3812_4 Revised 02/02/2015 Committee Approved 02/10/2015 Page 4 of 4



10/01/13 2Y 05M 10/01/13 2Y 05M Tran, Sharon N M.D. (03/10/16 K32120206

Die 18 de in c nit a it all ne nit it ne c nit mit, mit,

| WILLIS-KNICHTON HEALTH SYSTEM Pediatric Hospitalist Progress Note | |
|--|------------------|
| Date: 3/1/1/6 Time: Name: Name: No new problems/complaints | |
| Interval History: Resting in bed chair crib No new problems/complaints Other Day bath for Wand off Vaportum Newyor. Labour 101. 101. 101. 101. | d breary |
| Meds: Reviewed Remarks | |
| ☑ Discussed Assessment/Plan with ☐ patient ☑ family at ☐ bedside ☐ per phone | |
| ROS: ☐ 10 systems reviewed otherwise Negative Positive: | |
| Interval Physical Exam: Vitals: temp 70.6 HR 145 RR 34 02 sat 95 NA | |
| General: ☐ Well-hydrated ☐ WN ☐ NAD ☐ Nontoxic ☐ Remarks | lear |
| ☐ No rhinorrhea/congestion ☐ Nasal flaring ☐ Tempanic membranes normal bit ☐ Oral mucosa moist to ☐ Remarks ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | 2 Pharynx normal |
| Neck: ☑Normal ☐ Supple ☑ No rigidity ☐ Adenopathy ☐ Masses ☐ Jugular vein distention ☐ Remarks | |
| Woart □ Normal □ S1S2 normal □ RRR □ Murmur □ Remarks | |
| Lungs: ☐ Normal ☐ CTA bil ☐ Unlabored Air movement: ☐ Good ☐ Fair ☐ Poor ☐ Unlabored ☐ F | Kales 4 Knonchi |
| ☐ Wheeze (end expiratory/inspiratory) ☐ Crackles ☐ Retractions ☐ Stridor ☐ Remarks | -torribro-mosolu |
| Abdomen: ☑Normal ☑ Soft ☑Non-tender ☑Non-distended ☑ Normal active bowel sounds ☐ Hepper ☐ Masses ☐ Remarks ☐ Extremities: ☐ Normal ☐ Cyanosis ☑ Capillary refill less than 2 seconds ☐ Edema ☐ ☐ ☐ Post ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | |
| | 2.000 |
| ☐ Remarks ☐ Normal ☐ Joints full ROM ☐ Pain ☐ Contractures ☐ Weakness ☐ Remarks ☐ Contractures ☐ Weakness ☐ Contractures ☐ Weakness ☐ Remarks ☐ Contractures ☐ Contractures ☐ Weakness ☐ Remarks ☐ Contractures ☐ Contracture | |
| Skin: Normal | |
| Neuro: ☑ Normal/nonfocal ☐ Warm/dry ☑ Awake ☑ Alert ☐ Oriented ☐ Times 3 ☐ Irritable ☐ Sedated | ☐ CN 2-12 intact |
| □ Remarks | |
| | Segs |
| | Bands |
| | Lymphs |
| T/Dbili | • |
| Other: OXX: Laihu in thit | |
| | |
| | |
| Impression: 74 fembe T States Plan: See orders Continue medic Ashatiat, Sto fem failue. Recommendations per consultant | |
| Prummia. Follow labs Ø02, Respiratory | Thornas |
| Follow labs O2, Respiratory Continue antibiotics, Day # 2 | 7 min |
| Much both to Continue therapy/Rehab Nutril | ion support |
| Advence Alb to Q3 | Amount |
| A Stavids to PO, | wan. |
| Physician Signature Date/Time May be 5 Fire | <i>5</i> ~~ |
| Sharon Tran, M.D. (2944) Greg Oji, M.D. (2977) | |
| El Astanta and contributions for the contribution of the contribut | |

PN650_1 Devised 05/01/2015 Committee Approved 05/11/2015 Page 1 of 1

HEMMERSON, AALIYAH L 10/01/13 2Y 05M Tran, Sharon N M.D. K.PICU1 K32120206 03/10/16

SU CO

WILLIS KNIGHT HEALTH SYST . 3 RESPIRATORY THERAPY DEPARTMENTS

| DATE ATT O | TIME. | OCM | THERAF | Y TITP | | | |
|--|----------------|---|---------------|--|--|--|---|
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| DATE 3/0/10 HHN CHANGED — MEDS | | M270 | | ILLIA | | | 1875 (A) (A) |
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| HHN CHANGED | YOPE | ARY) | HB PRE/POST | 135 / 1 | RR PRE | POST 2 | 2,12 |
| BREATH SOUNDS PRE | /POST | Slightly | Course 186 | M | 30 | 12 96 | 5/48 |
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| DATE | _ TIME . | | THERAP | V | | e de ser di | |
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| MEDC | | | HR PRE/PUSI | , | · mn rnc/ | FUOI | /_ |
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| BREATH SOUNDS PRE/ | POS1 | | | | | | |
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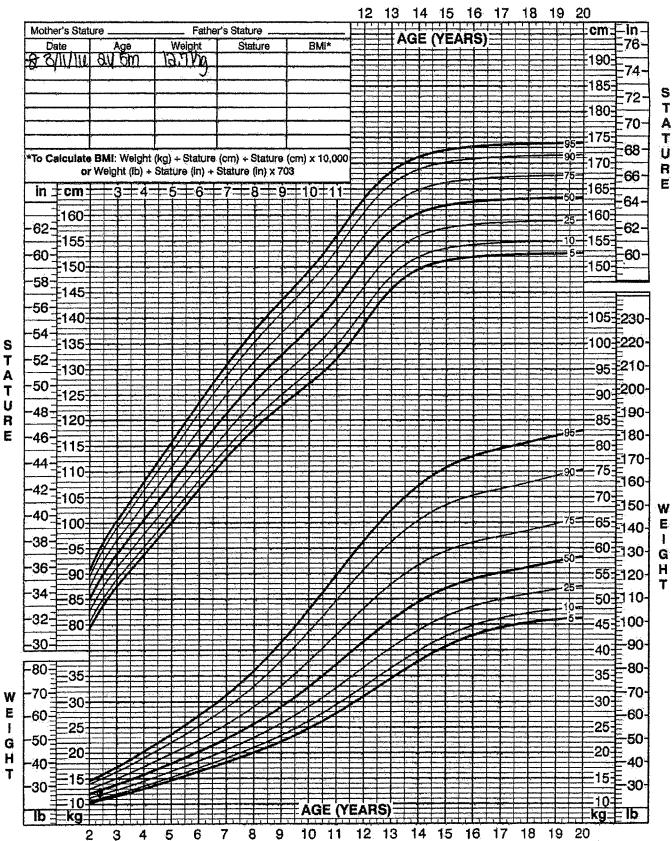
Brom Air



10/01/13 2Y 05M Tran, Sharon N M.D. K.B5514 K32120206 03/10/16

2 to 20 yes: Girls Stature-for-age and Weight-for-age percentiles





Published May 30, 2000 (modified 11/21/00).

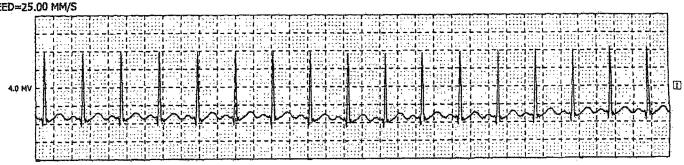
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000). http://www.cdc.gov/growthcharts

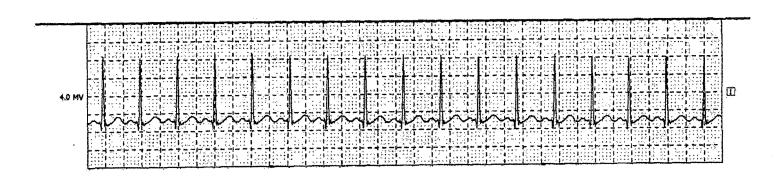


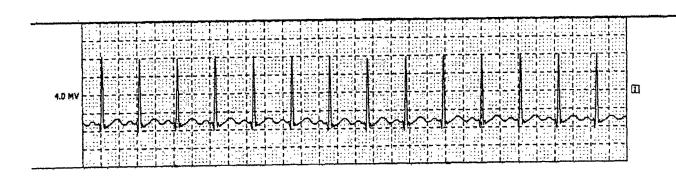
MANUAL R PRDING

Page 1410 of 1758 Page 1 I II MON H 6 VE/MIN=0 02=96% NIBP=04:00 No KEADING mmHg RESP=35



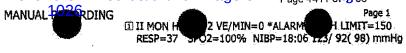


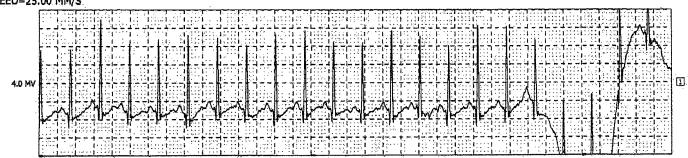


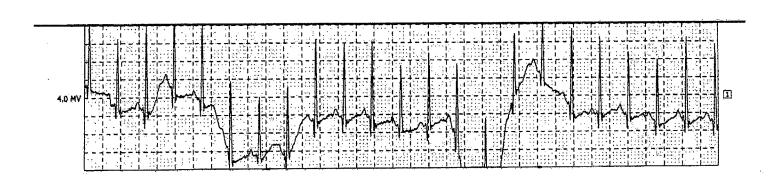


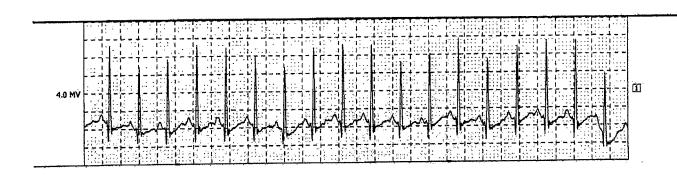
10/01/13 2Y 05M Tran, Sharon N M.D. K.PICU1 K32120206 03/10/16

PIC01 18:11 10MAR2016 SPEED=25.00 MM/S









Willis-Knighton South Nursing **LIVE**
Vital Signs / 1&0 / Diabetic Flowsheet

Page: 1

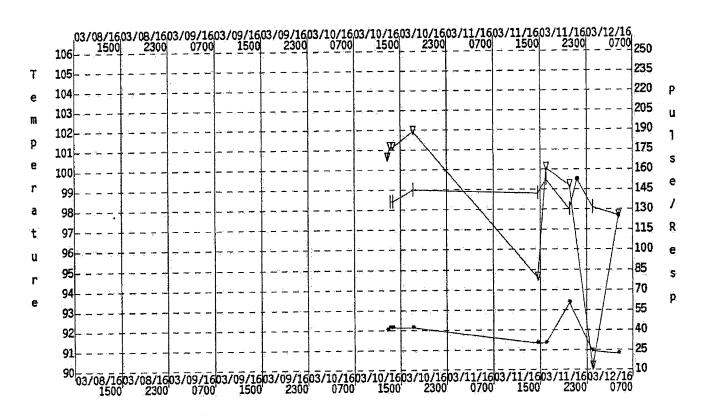
HENDERSON, AALIYAH L (KOOD629604) Age/Sex: 27 OSM F Room: t SES K E5514 1 (Admitted 03/10/16)

96 hours from Mar 8, 2016 D701 to Mar 12, 2016 0700 Printed 03/12/16 at 0506 by WATSOJ1.WS

| Vital Signs | | | | | | | | | | | | |
|------------------------------|-----|---------------------|-------------------|--------|--------------------------|--------------|----------------------|----------------------|------------------|---|------|-----------|
| Date-Time | B/P | BP Pos | Pulse | RR | HR Src · | Temp | Temp Src | Weight | (LB) | Weight | (OZ) | SA02: |
| 03/10/16 111 | 5 | | | | | | | 27 | | 15 9793 | 12 | |
| 03/10/16 124 | 5 | 9898900000000000000 | The second second | 40 | VALUE SERVICE CONTRACTOR | | | 2500-250-350-350-350 | 300000000000 | 1 100000 10 10000 1 100000 10 10 10 10 10 10 10 10 10 10 1 | | 66 |
| 03/10/16 130 | | 1, 2, 2 | | 42 | macrine | 98.4 | Axillary | | especial. | 800000000000000000000000000000000000000 | | |
| 03/10/16 133 03/10/16 173 | | Lying | 100 | | Machine Machine | 98.4 99 | Axillary Axillary | | | | | ากด |
| 03/11/16 143 | | Lying | 79 | 30 l | Machine | 98.8 | Axillary | raciosodo econocamen | er de la company | 99399 - 1033 - 201 - 31 - 21 - 1 | | 98 |
| 03/11/16 160 | | 170 | 161 | su i | Machine | 98.8 99.5 | Axiliary. | | | | | 98 |
| 03/11/16 200 | | | 148 | 60 j | Machine | 98.0 99.5 | Axillary | SCR-baseseninte | steltschaa: | *********** | | 96 |
| 03/11/16 212 | | | | | | 99.5 | Kectai | | POSSE | | | 07 |
| 03/12/16 000 | 0 | l | 12 | 24 | Machine | 98.1 | AXIIIary | ********** | 8888888 | | | 9/ OF |
| 13/12/16 043 | 0 1 | | 120 | | RicCt HTIC | 7/4/ | TEMPH OF | | | | | A. |

| | | 03/11/16 0700 | 1 | | 03/12/16 0700 | *24 br* |
|--------------------------|---------------------------|------------------|----------|-----|------------------|---------|
| Intake (ml) | occomple statistics (Side | | | 476 | 480 | 956 |
| IV: IVPB: | 90 75 | | 90 75 | | 400 | ore |
| Total Intake Output (ml) | 165 | | 165 | 476 | 480 | 956 |
| Fold X Mir | 1 | | | 2 | 3 | |
| Stool X: |] 165 | | 165 | 476 | 480 | 956 |

Δ T/Tympanic • R/Rectal/No Response • O/Orally | A/Axillary X / • Resp. Rate: V Heart Rate: ↓† Off graph



RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM

Laboratory System *Live* WKS Discharge Summary Report PAGE 1

LOCATION

ACCT #: K32120206 LOC: 5ES U #: K000629604 PATIENT: REG: 03/10/16 AGE/SX: 2Y 05M/F ROOM: K.E5514 DIS: 03/12/16 BED: REG DR: Tran, Sharon N M.D. STATUS: DIS IN

CHEMISTRY GENERAL CHEMISTRY 2 Day MAR 11 MAR 10 Date Units Time 0520 0910 Reference mg/dL => Glucose (a) (c) H (70-109)mmol/L (3.5-5.1)=> Potassium 5.3 AH 4.4 mmol/L 140 (136-145)=> Sodium 143 => Chloride 108 H 112 H (98-107) mmol/L mmol/L => CO2 22 22 (21 - 32)6 1 mg/dL 7 (7-18)=> BUN mg/dL 0.31 => Creatinine 0.38 mg/dL (8.5-10.1)9.2 => Calcium 9.1

NOTES:

=> Phosphorus

=> Magnesium

=> Anion Gap

105 (a)

See also (b)

Glucose Reference Ranges: (b)

4.5

2.8 H

10.0

Fasting Glucose Level: 70-109 mg/dL Impaired Fasting Glucose: 110-125 mg/dL

9.0

Defined by the ADA as a category at risk for future diabetes and cardiovascular disease.

The American Diabetes Association (ADA) recommends the following criteria for the diagnosis of diabetes: Abnormal Fasting Glucose: >=126 mg/dL Symptoms of diabetes and a random glucose: >=200 mg/dL

114 H (C) See also (b)

> Age/Sex: 2Y 05M/F Acct#K32120206 Unit#K000629604

(4.3-5.4)

(1.8-2.4)

(5.0-15,0)

mg/dL

mg/dL

mmol/L

Patient:

Case 5:19-cv-00163-EEF-MLH Document 49-3 Filed 05/07/20 Page 320 of 331 PageID #: 1029 Page 1414 of 1758

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM Laboratory System *Live*
WKS Discharge Summary Report

PAGE 2

| Patient: | #K32120206 | (Continued) | |
|--|-------------------------|--------------|------------------------------|
| | HEMATOLOGY | | |
| Day 1 | | <u></u> | |
| Date MAR 10 | | | |
| Time 0910 | | Reference | Units |
| | , | | manufacture and the state of |
| => White Blood Cel 17.1 H | | (5.0-12.0) | 10 ⁹ /L |
| => Red Blood Cell 5.02 | | (4.1-5.1) | 10 ⁶ /uL |
| => Hemoglobin 10.5 L | | (11.0-14.0) | g/dL |
| => Hematocrit 34.6 | | (33.0-42.0) | ું જ |
| => MCV 68.9.L | | (74.0-89.0) | fL |
| => MCH 20.8.L | | (27.1-34.2) | pg |
| => MCHC 30.2 L | | (33.0-35.6) | g/dL |
| => RDW 19.4 H | | (12.0-14.5) | 36 |
| => Platelet Count 286 | | (130-351) | 10 ³ /uL |
| > Mean Plt Volume; 7.2 | | (6.6-10.2) | fL |
| > Neutrophils 84.3 | | (Not Estab.) | ે |
| -> Lymphocytes 6.6 | | (Not Estab.) | ફ |
| => Monocytes 7.1 | | (3-10) | olo Company |
| => Eosinophils 1.7 | | (0.8-0) | olo |
| => Basophils 0.3 | | (0.0-3.0) | ે |
| > Neutrophils # 14.4 | | (Not Estab.) | 10 ³ /uL |
| > Lymphocytes # 1.1 | | (Not Estab.) | 10 ⁹ /L |
| > Monocytes # 1.2 | | (Not Estab.) | 10 ³ /uL |
| => Eosinophils # 0.3 | | (Not Estab.) | 10 ³ /uL |
| => Basophils # 0.1 | | (Not Estab.) | 10 ³ /uL |
| | Viral Respiratory Panel | | |
| · (and and a second sec | | | |
| Day 1 | | | |
| Date MAR 10 | | Deference | Units |
| Time 1427 | | Reference | Unites |
| > Adenovirus PCR (d) | | | |
| -> Coronaviru 229E; (e) | | | |
| -> Coronaviru HKU1 (f) | | | |
| => Coronaviru NL63 (g) | | | |
| > Coronaviru OC43 (h) | | | |
| -> Human Metapneum (i) | | | |
| Mullan Mecaphedin [117] | | | |
| NOTES: (d) Not Detected | | | |
| (e) Not Detected | | | |
| (f) Not Detected | | | |
| (g) Not Detected | | | |
| (h) Not Detected | | | |
| (i) Not Detected | | | |
| \ | | | |
| | | | |
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| | | | |

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM Laboratory System *Live*
WKS Discharge Summary Report

PAGE 3

| Patient: | | L | #K32120 | 206 | (Continued) | | |
|--|--|---|--------------|-----------|-----------------|---------|----------|
| | | . Viral Resp | iratory Pa | nel Conti | nued | | |
| Day Date Time | 1 MAR 10 1427 | | <u> </u> | <u></u> - | Reference | Units | |
| => Human Rhi => Influenza => Influenza => Parainflu => Parainflu => Parainflu => RSV => Bordetell => Chlamyd p => Mycoplas | A PCR (1) B PCR (m) Benza 1 (n) Benza 2 (p) Benza 3 (p) Benza 4 (q) Cr) Ca pert (s) Coneumon (t) | | | | (Not Detect) | | |
| NOTES: (j) | Detected See also (k) A positive Hum | an Rhinoviru | .s/Enterovi: | rus resul | t should be | | |
| (l) (m) | | ing an alter | nate method | | erentiate these | | |
| (m) (n) (o) (p) | Not Detected Not Detected Not Detected | | | | | | |
| (q) (r) (s) (t) | Not Detected Not Detected Not Detected Not Detected | | | | | | |
| (u) (v) | Not Detected Not Detected See also (v) Note: Methodo | logy: FDA a | pproved mu | ltiplex n | ested real time | | |
| (• / | PCR | | | | | | |
| | Performed by: | University 1541 Kings Shreveport, | Hwy. | | irology Lab | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Patient: | | L | Age/Sex: | 2Y 05M/F | Acct#K32120206 | Unit#K0 | 00629604 |

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM Laboratory System *Live*
WKS Discharge Summary Report

PAGE 4

| Patient: L | #K32120206 | (Continued) | |
|---|--|--|-----------------|
| | PCR TESTS | | |
| Day 1 Date MAR 10 Time 0950 => Flu A by PCR (w) => Flu B by PCR (x) => Flu Comments (y) => RSV by PCR (aa) => FLU RSV comment (ac) | | Reference (Negative) (Negative) (Negative) | Units |
| Test Day Date Time -> Precautions: 1 MAR 10 0920 -> M pneumo IgM 1 MAR 10 0920 | Result (ae) H POSTTIVE E | Reference Units | |
| NOTES: (w) Negative (x) Negative (y) Comments See also (z) (z) NEGATIVE influenza test r virus infection and shoul treatment or other patien negative results may occu below the analytical limi in the target region. (aa) Negative See also (ab) (ab) NEGATIVE test results do should not be used as the patient management decisi occur if virus is present limit of detection or the region. (ac) See Below See also (ad) (ad) New method in use 11/16/1 The results of this assay conjunction with other la (ae) DROPLET H See also (af) (af) **** Droplet Pre | d not be used at management de it management de it if virus is put of detection not preclude RS sole basis for ons. False negliat levels below virus mutates | s the sole basis for cisions. False present at levels or the virus mutates of the virus mutates of the virus made treatment or other sative results may be the analytical in the target or the virus may be the analytical in the target or the virus may be the analytical in the target or the virus may be the virus mutates of virus mutates or the virus mutat | |
| Patient: | Age/Sex: 2Y 0 | 5M/F Acct#K32120206 | Unit#K000629604 |

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM Laboratory System *Live*
WKS Discharge Summary Report

PAGE 5

| Patient: |) L | #K32120206 | (Continued) | |
|------------------|-----|----------------------------------|-------------------|-----------------|
| Source Blood | | | | |
| > Culture, Blood | | Final 03/20/16 NO GROWTH AT 5 | DAYS | |
| | | | | · |
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| | | | | |
| Patient: | L | Age/Sex: 2Y 05M | /F Acct#K32120206 | Unit#K000629604 |

Age/Sex: 4Y 04X F

Age/Sex: 4Y 04X F Attending: Tran, Sharon N M.D. Unit #: K000629604 Account #: K32120206 Admitted: 03/10/16 at 1132 Location: 5ES Room/Bed: K.E5514-1 Status: DIS IN

Use to document the effectivenness

Willis-Knighton South Nursing **LIVE** Patient's Plan Of Care - PEDIATRIC BASIC PLAN OF CARE

HENDERSON, AALIYAH L

| | SIS INIT BY | TRGT | COND BY | | INII BY | COND BA |
|---|------------------|-----------|--------------|---|----------------|--------------|
| Basic Pediatric Mursing Care | D 03/10/16 ERF | | | | | |
| * Basic nursing care will be provided. | D 03/10/16 FRF | 03/13/16 | Ĭ | : | 1 | 1 |
| | | i | i | * Reassessment/Evaluation - Pediatrics | . 03/10/16 ERF | 1 |
| | : | | : | Direction ->07,19 Document when don | e | |
| | : | | į | * Intake | 03/10/16 FRF | |
| | | : | } | - PROTOCOL: I&O | | 1 |
| | · · | 1 | : | .* Output | 03/10/16 ERF | • |
| | | | | - PROTOCOL: ISO | 03/10/10 | 1 |
| | İ | 1 | | | 00/10/-6 | |
| | | i | : | * Vital Signs | 03/10/16 ERF | : |
| | | : | : | Vital Signs taken by a NAI are reviewed | i. | • |
| | | ÷ | į | by an RN. | | |
| | | : | : | - FROTOCOL: VITALSINGS | | |
| | : | : | : | * Feed With Assistance | 03/10/16 ERF | |
| | | 1 | i | - PROTOCOL: FEEDMEAL | | |
| | | i | : | * Formula Preo | 03/10/16 ERF | |
| | | | | * Feed Formula Per Family Or Staff | , 03/10/16 ERF | • |
| | : | | 1 | * Bath, Total Bed - Toddler | 03/10/16 ERF | ; |
| | | į | : | - PROTOCOL: BATHOOMP | 1 | 1 |
| | : | | : | * Linen Changed | ; 03/10/16 ERF | |
| | | : | 1 | | 03/10/16 ERF | 1 |
| | | E |] | * Emotional Support/Teaching | | i |
| | | ; | 1 | * Clergy Visits | 03/10/16 ERF | |
| | | : | 1 | * Physician Rounds | 03/10/16 ERF | 1 |
| | | : | ! | * Discharge Assessment/Planning | 03/10/16 ERF | ! |
| | | <u> </u> | ; | * Weight, Daily, PEDI Or NSY | 03/10/16 ERF | ; |
| | | 1 | : | * Pain, Infant Scale | 03/10/16 ERF | , |
| | | | 1 | Also perform PRN for painful procedures | ; | : |
| | 1 | : | 1 | * Critical Value Reporting | 03/10/16 ERF | |
| DULRY, POTENTIAL FOR | D 03/10/16 ਜ਼ਵਤ | | | | | |
| * No evidence of injury to patient. | D.03/10/16 ERF | 03/13/16 | | | | • |
| | | | | * Safety Checks | 03/10/16 ERF | |
| KKKWLEDGE DEFICIT | D 03/10/16 ERF | | | | | |
| * Patient/Family Will Verbalize | D 03/10/16 ERF | :03/13/16 | : | | | |
| Understanding of Diagnosis and | | | | * Parient Education | 03/10/16 ERF | * |
| Treatment. | i | : | i | | 1 | |
| RT- HYPOXEVIA OR HYPOXIA, ACTUAL AND/OR | C 03/10/16 PAD | - | 03/11/16 KER | | | |
| POTENTIAL TO DEVELOP | | | | | | |
| * RT: Improve oxygenation, correct | C:03/10/16 PAD | 03/20/16 | 03/11/16 KER |) ' | | 1 |
| hypoxemia, prevent hypoxia. | | | i | * RT - Oxygen Therapy | 03/10/16 PAD | 03/11/16 KER |
| RI- W-EZENG AND/OR ALTERED RESPIRATORY | D 03/10/16 PAD | | | | ,,, | ,, |
| FUNCTION, ACTUAL AND/OR POTENTIAL TO | D 03/10/26 PAD | | | | | |
| DEVELOP | | | | | | |
| | I D 02/20/20 | 100/00/ | 1 | | | |
| * RT: Correct or prevent bronchospasm, | D 03/10/16 PAD | 03/20/16 | : | | 02/20/22 | • |
| improve breath sounds. | | 1 | ! | * RT - Aerosol Therapy | 03/10/16 PAD | |
| | 1 | i | i | | 1 | |
| | : 1 | i | : | * RT - Aerosol Therapy - Comminuous | | 03/11/16 KER |
| | : . | <u>:</u> | 1 | * RT - Astima Severity | 1 03/10/16 PAD | 03/10/16 PAD |
| | | | | | | |
| | | | | | | |
| AUDITIONAL INTERVENTIONS | DVIT BY (| XXP SY | DATE & TI | ME DIRECTIONS | STS SRC | |
| · IV Site #1 Check/Care | : 03/10/16 ERF : | | 03/10/16 | 1308 Q2H | D CP | |
| * C2 Delivery | : 03/10/16 FRF | | 03/10/16 | | '⊃. C₽ | |
| * Telmetry Monitoring | 03/10/16 CS | | 03/10/16 | | D PS | |
| Pediatric Admit Assessment | 03/10/16 ERF | | | 1338 ADVIT | D'AS | |
| RT - Initial Assessment | 03/10/16 PAD | | 100/20/20 | and have | D AS | |
| Braden Pediatric Risk Assessment | | | 02/10/56 | 1855 'QSHIFT' | D' BS | |
| - PROTOCOL: BRADEN | , 03/10/16 SLF | | 03/10/26 | Toda Mautit | ا جم ار | |
| Fall Risk - Pediatric | 1 ((| | | 1 | | |
| | 03/10/16 SLF | | | 1855 ADVIT | D PS | |
| PAIN Assessment / Management - PEDI | : 03/10/16 SIF | | 03/10/16 | 1855 PRN | D'PS | |
| se to document the effective | | | | · | | |

| page 2 | Printed | 10/01/19 | at 1352 |
|--------|---------------------|------------|-----------|
| | Initiated: 03/10/16 | Completed: | Protocol: |
| | | | |

| ACCULTION | ADDITIONAL TATERVENIEDUS | ONS | TATE BY | COMP BY | DATE & TAR |
|------------|----------------------------|---|--------------|----------|----------------|
| ō | medications | of medications given specifically | | - | |
| for | for the control of pain. | of pain. | | | |
| Ask | Ask patient to be specific | be specific | | | |
| | arding locat | regarding location, severity, and | | | |
| typ | type of pain. | | | | |
| * Carre Mg | mt Pediatric | * Care Ngmt Bediatric Initial Reassessment 03/11/16 FTM | 03/11/16 FDM | | |
| * Dischar | * Discharge Sumary 2 Red | Ped | 03/12/16 CCP | | .03/12/16 1544 |
| | | | | | |
| Norografi | Norogram Initials | Name | Nurse Type | 41 | |
| B | COOKC4.NS | POLLARD, CASSANDRA J | - 33 | <u> </u> | |
| ც | SPCTOL N | SYTH, CANTER | F-7 | | |
| H | FOXE.NS | FCX, ETALINA HOSE | K. | | |
| Ę. | MORRIE SS | MORRIS, FREDERICA | SS | | |
| KEY KEY | ELK.RT | RHODES, KATHAYN FLE | F: | | |
| 8 | ANDREP.RT | DELINAK, PAM A | RRI | | |
| S | FREEVS.NS | FREEVAN, SANDY : | FINC | | |
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|-----------|---|---|--------------|---|--|------------------------------------|
| ö | medications | of medications given specifically | | | | |
| for io | for the control of pain. | of pain. | | | | ~ |
| Ask | patient to | Ask patient to be specific | | | | |
| 9 | arding locat | regarding location, severity, and | | | | |
| Ş; | type of pain. | • | | | | |
| gw era | mt Pediatric | re Wgmt Bediatric Initial Reassessment 03/11/16 FDM | 03/11/16 FIN | | | |
| scrar | scharge Sumary 2 Ped | Ped | 03/12/16 CJP | | .03/12/16 1544 | .03/12/16 1544 AT THE OF DISCHARGE |
| | | | | | | |
| graff | gram Initials Name | Nane | Nurse Type | , | | |
| 2. | · COOKC4.NS | COOKC4. NS POLITARD, CASSANDRA J | - 33 | | | |
| λί | SPCTC12.NS | SYCTOR SYCTH, CONTRICT | F-74 | | | |
| (1) | FOXE.NS | FCX, ETALINA HOSE | ĸ | | | |
| ≽; | MORRIE . SS | MORRES, FREDERICA | SS - | | | |
| ρ; | ELK.R. | RHODES, MATHEMY FLE | F. | | | |

SA C.:

STS SEC

Wills-Knighton South Nursing **_INT**
Patient's Plan Of Care - PEDIWIRTO BASIC FIAN OF CARE

Attending: Than, Sharon N.D.
Accourt #: K32120206
Location: 518
Rocm/Bed: K.E5514-1

Age/Sex: 4Y 04X F
Unit #: K0C0629604
Admitted: 03/10/16 at 1132 I
Status: DIS IN

HENCERSON (YAH: 1

| Attending: | Fage: 105 35 | |
|--|--|------------------------|
| Unit #: KOJ6228694 Account #: KJ2128286 Admitted: 03/10/16 at 1132 Location: 5ES Admitted: 03/10/16 at 1132 Location: 5ES Status: DIS IN ROOM/Bed: K.E5514-1 ELYS FRINT ALL NURSING INFORMATION | Nursing **LIVE** Throwallow | Ca |
| Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Commented Change Cype Date Time by Date Time by Comment Units Change | Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Time by Comment Units Change | se 5:19-c |
| Activity Date: 63/10/16 Time: 0000 | Activity Jate: 03/10/16 Time: 1245 (continued) | V-0C |
| 950006-3 RT Cwygen Therapy A DAILY CP - Create G3/10/16 0000 PAD G3/10/16 1558 PAD 990008-A RT Aerosol Therapy A Q2H CP - Create G3/10/16 0000 PAD G3/20/16 1556 PAD - CP | 1-5 Patient Education (continued) "Is patient/family motivated to learn (Y/N): Y If NO, explain: |)103-EE |
| Activity Jate: 03/10/16 Time: 1245 | YEACHING SUCKARAL | . [-1 |
| 990001.3 RT - Initial Assessment - Document | *Disease (Y/N): N : Isclation (Y/N): Y :MYCOFLASWA *Equipment (Y/N): Y :MYCOFLASWA *Equipment (Y/N): Y :MYELAINED TX PRIOR TO PERFORMING AND NASAL CANNIA EXPLAINED *Medication (Y/N): Y :EXPLAINED MEDICATIONS AND 02 ERWEPTIS AND HAZARDS *New Medication (Y/N): N : Education : | VILH Docun |
| Does Parient Use Tobacco: N Type of Tobacco Used: How Much Tobacco Used: If Ex-Snoker # Packs Per Day: When Did Patient Quit: Bronchodilarors used at home or now ordered: HEN Fio2: IPM: 1.0 Sa02: 99 Home O2 used or now ordered: Y DEV.CE: NC | *Follow-up care (Y/X): N : Rehab/Resources (Y/X): N : *Nutrition (Y/N): N : Other Teaching: | 1035 1035 |
| Exhibiting Increased Signs of Work of Breathing: Y If yes: Accessory Muscle Usage Are The Breath Sounds Equal And Clear: N : TIGHT WHEEZES WITH DECREASED AIR ENTRY The Skin/Miccis Membranes has been based to | If applicable, pt has demonstrated competence to self administer medications: N Nedl: Nedl: | 5 |
| cart sate. 109 | Yechod Of Instruction: Explain. Evidence Of Learning Demonstraced By: Expresses Understanding 990004-B RT - Oxygen Therapy A DALLY - Pronnect 03/10/16 1245 PAD 03/10/16 160: PAD | 1 05/07 |
| 1-D Patient Education A AS NEEDED CP - Document 03/10/16 1245 PAD 03/10/16 1554 PAD 0.0 Learner: Mother | New Start: Y Protoco | 120 |
| Learner's Pyeferred Mothod: One-on-One Teaching Larguage Spoken (CC2): English If Other, Describe: | Corrected per Protocoi Time Repo | Page |
| *Religious or Cultural practices that may affect learning: N If YES, describe. | Has Potential For Hypoxemia Due To: Phetmonia | e 32 |
| *Physical ifritations that may affect learning (Y/N): N Tf YES, describe: | , | O UI |
| Type, describe: "Froctoral limitations that may affect learning (Y/N): N "Froctoral limitations that may affect learning (Y/N): N If YES, describe: If patient has pain, what issues have been discussed with patient regarding this: NM | CONTENTS: DID BREATHING TX AND PLACED ON NC AT 11LPM, SaO2 99%, Pt. IRRITABLE, RETRACTING, ACCESSORY MISCIE USAGE NOTED IN NECK. TACHYENIEC 996008-A RT - Aerosol Therapy - Document 03/10/16 1245 PAD 03/10/16 1609 PAD - This a New Start. V Protron? V Therapy Given W To no with | 331 Pag age 1420 of |
| ; Pt/Family encouraged to report concerns about Pt. safety issues: Y What safety issues have been addressed with the patient: TWO IDENTIFIERS | XOPENEX POST | 1758 1758 |
| | 67. ch | |

| | | | | | | Page: 2 of 35 |
|--|---|---|--|--|---|-----------------|
| <pre>Unit #: XC00629604 Admitted: 03/10/16 at 1132 Status: DIS IN</pre> | Account #: 432120206 Location: 5ES Room/Bed: X.E5514-1 | Wills-Knighton South Nursing **LIVE HINS FRINT ALL NURSING INFORMATION | South Nursing **LIVE** . NURSING INFORMATION | \$ | Prince 10/01/19 | //01/19 at 1352 |
| Problem/Goal/Intervention Description Activity Occurred Rec Type Date Time by Date | Description. Sts Directions Recorded Jocumented | From | Problem/Goal/II Activity Type | Problem/Goal/Intervention Description Activity Occurred Recorded Type Date Time by Date Time by (| Ste Directions Documented Comment | From |
| Activity Date: 03/16/16 | 71me: 1265 (continued) | | Activity Date: | 03/_0/16 | | |
| 3-A RI | · Aerosoi Trorapy (continued) | | | Weight, Daily, PEDI Or NSY | A CALLY | ប |
| RA 40 BES TIGHT EXPIRATORY WHEEZES WITH | S WITH BBS SAVE | | - Create | 03/10/16 1308 | A 66,28 | đ |
| : DECREASED AIR ENTRY PF | ਂ ਹੋਰ | | | | A C6,18 | ð |
| Effective cough Y Increase Secretions | Sputtum Amount: None Sputtum Color: | | - Create 550030-B F | 03/10/16 1308 ERF 03/10/16 1308 ERF Feed With Assistance 03/10/16 1308 ERF 03/10/16 1308 ERF | A VEALTINES | C) |
| | Sputum Consistency: | | | 8021 91/01/20 | A YEALITYES | GD |
| Is Fatient Progressing Toward Goal: | rd Goal: Goal: | | | rily or Staff | A Q3H | Ü |
| Comments/Plan: PI IS VERY IRRITABLE, | TOE IX OK WITH MASK WITH NO ADVER | ACTIONS | | BACT DT (OT /50 | A DATLY | GD. |
| : NOTED: Pt IS REINACT 990077 RT - Asthra Severity | : NOISE. PE IS METRACITING, ACCESSORY MUSCLE USAGE IN NECK NOTED RT - Asthra Severity | ů ai | - Create 800516 C | 03/10/16 1308 ERF 03/10/16 1308 ERF Clergy Visits | A CAILY | 6) |
| - Document 63/10/16 1245 PAD SCORE: 8 Frequency: (| 16 1245 FAD 03/10/16 1720 FAD 0.5 Frequency: Q2 SaO2 / O2: 80 / 21 | | - Create Problem: INJURY | 03/10/16 1306 EXF 03/10/16 1306 ERF INJURY, POTENTIAL FOR | A | |
| 50% PIACED ON 02 | 75% Predicted: DR. NOTIFIED AND FROTOCOL DISCON | | | e 03/10/16 1308 ERF 03/10/16 1308 ERF evidence of injury to patient. | A 03/13/16 | 10 |
| Activity Date: 03/10/16 | T:me: 1308 | | - Create S | 03/10/16 1308 ERF 03/10/16 1308 ERF Safety Checks | А Ç2H | ზ |
| 200308 TV Site at 1 TV Sites | | Ð | - Create | 03/10/16 1308 ERF 03/10/16 1308 ERF | | • |
| n n | A 03/10/16 1308 EXF | ያ | richies wone | ANOMADOS JETACAI 16 03/10/16 1308 ERF 03/10/16 1308 ERF | | |
| 402170 02 Delivery - Create 03/10/16 1308 ERF | A Q255 C8 ERF 03/10/16 1308 FFF | Ů | Goal: Parient/F | Goal: Patient/Family Will Verbalize Understanding of Diagnosis and | A 03/13/16 | |
| Problem: Basic Pediatric Nursing Care - Create 01/0//0/2019 03. | rsing Care And rate and rate | | Treatment | מפת פחבר אי/חו/נח שפת פחבר או/חי/נח | | |
| c rurs | 11 be provided. A 63/13/16 | | נ | BOST OT/OT/SO | A AS NEEDED | G. |
| - Create 03/10/16 1308 ERF 100006 Discharce Assessment | 03/10/16 1308 ERF 03/10/16 1308 ERF Discharce Assessment/Planning A AS NEEDED | 9 | - Create | 03/10/16 1308 PRF 03/10/16 1308 ERF | | |
| - Create 03/10/16 1308 ERF | 1308 ਜਸ਼ਾ | ; { | Activity Date: 03/10/16 | 03/10/16 Time: 1309 | | |
| | ! ~ | ל | | Ψ | A Q2F | ð |
| * Create 03/10/16 1308 ERF 100600 Critical Value Sanot | 03/10/16 1308 ERF | g | - Document | 03/10/16 1309 ERF 03/10/16 1313 ERF | 8.0 | |
| ø | - REPOSTANG 08 ERF 03/10/16 1308 ERF | <u>'</u> | .v Site #.: Peripherally Inserted | iv site mi: Leit hand ly Inserted Central Catheter (Y/N): N | | |
| 102660 Emotional Support/Te Create 63/70/16 1208 EDS | Emotional Support/Teaching A AS NEEDED 63/0/14 isone most no 400/400 and | d U | Site Descrip | Site Description #1: Normal | | |
| | Scale Allore is a A | ð | Type Of IV Solution | (bc/iii) 41: 42 Glution #1 (free text): D5 1/2 WITH 20 KCL | F 1 | |
| | Also perform PRN for painful procedures 03/20/16 1306 ERF 03/10/16 1308 ERF | | Site Changed IV Tubina Chanced | Changed #1: Changed #1: | | |
| ŭ | 'Q' | ð | IVPB Tubing Cha | Changed #1; | | |
| ;;; | משלים ליו ליו היים היים משלים ליו היים היים משלים היים משלים היים משלים היים משלים היים משלים היים משלים היים מ | В | PSI Actual Reading | Sectings #1: Reading #1: | | |
| U3/1 | 08 EACF 03/±0/16 1308 ERF A Q4E | ₿ | IV Dressing Charged Site #1 IV Dressing Changed Time #1 | Charged Site #1: Changed Time #1: | | |
| Vital Signs t hv ar RN | | | Date IV (#1) | Date IV (#1) started: 03/10/16 Time IV (#1) started: | £. | |
| . Create 03/10/16 1308 ERF | 08 ERF 03/10/16 1308 ERF | | | | | |
| | | | | | | |

| Case 5:19-cv-00163-EEF-MLH | Document 49-3 | Filed 05/07/20 | Page 328 of 331 Page D # |
|----------------------------|---------------|----------------|---|
| | 1037 | | : 0.90 0 0 0 0 0 age 1422 0 9 100 0 0 0 0 |

| Age/Sex: 4Y 04X F Attending: IPEL, Sharon N N.D. Unit #: %000629604 Account #: %22120206 | NOSHECKEH | EYAH |
|---|--|--|
| 03/16/16 at 1132 Location: 5ES DIS :N Room/Bed: K.E5514-1 | Willis-Knightor South Nursing **LIVE HINS PRINT ALL NURSING INFORMATION | : Nursing **Live** SING INFORMATION |
| Problem/Goal/Intervention Description Sto Directions Activity Occurred Recorded December Commented | From | Problem/Goal/Intervention Description Sts Directions From Sts Directions From Activity Occurred Recorded Documented Time by Comment Units Change |
| Activity Date: 03/10/16 Time: 1309 | | Activity Jate: 03/10/16 Time: 1369 (contined) |
| 402170 C2 Delivery A Q2H - Document 63/10/16 1369 EEF 63/10/16 1315 EAF 0.0 C2 Delivery: 1 LMP/NC GAYGER Delivery Frequency: continuous 100006 Discharge Assessment/Flamming A AS NEEDED - Document 03/10/16 1309 ERP 03/10/16 1312 EAF | ð t | Fatient Education (continued) 15 Other, Describe: 78-19jous or Cultural practices that may affect learning: N 15 YES, describe: 70ysical limitations that may affect learning (Y/N): N 1 Yes, featuring. |
| Discnarge Problems/Needs Identified: Y :RESPRATIONS :NUTTY :NUTTY :SAFETY : | | *Cognitive limitations that may affect learning (Y/N): N If YES, describe: If YES, describe: If YES, describe: If YES, describe: If patient has pain, what issues have been discussed with patient regarding this: WHEN TO CALL NURSE, MEDIOPHIONS NEEDED, CALL BELL |
| Arrangemenns Made to Meet Need(s): Y :OMSOING : | | Pt/Family encouraged to report concerns about Pt. safety issues: Y What safety issues have been addressed with the patient: BRD RAILS, CALL BPIL, EXPLOYEE SAFETY, PEDIatric safety **e na'' any /*amily moditabed to learn (V/N). V |
| 102060 Emotional Support/Teaching A AS NEEDED - Document 03/10/16 1305 ERF 03/10/16 1312 ERF 86.2 400010 Vital Signs Vital Signs taken by a NaI are reviewed by an RN Document 03/10/16 1309 ERF 03/10/16 1315 ERF 21.4 | ზ ტ | TEACHING SUNYARY TASTERA, URI |
| Blood Pressure: BP Type: Type: Type: Temperature: Axillary Heart Rate: 177 Heart Rate Source: Wachine Resp. Rate: 42 ShO2: 96 CO Delivery: 1 LWP/NC Safety Checks - Document 03/10/16 1309 ERF 03/10/16 1314 ERF Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y | მ | *Procedure (Y/N): Y : ADMIT ASSESMENT *Wedication (Y/N): Y : ROCHEPHIN, SOLUMEDROZ, ZITHBOWAX, ATROVENT *New Medication (Y/N): Y : ROCHEPHIN, SOLUMEDROZ, ZITHBOWAX, ATROVENT Education (Y/N): Y : ROCHEPHIN, SOLUMEDROZ, ZITHBOWAX, ATROVENT *FOLIOW-UD CARC (Y/N): Y : PER DR ORDERS UPON DISCHARGE Relab/Resources (Y/N): N : *Nutrition (Y/N): Y : REGIZAR DIET Other Teaching: CWSOING |
| wn): Down. Up: 2 ven: N ked: Y jon: 10W ion: 10W ion: N n:it: N A AS NEEDED | ₿ | itable, pt has demonstrated competence to self administer medications: No. 11: NA. Med3: NA. Med |
| Learner's Preferred Wethod: Teaching/Demonstration Learner's Special (002): English | | 401050 Telmetry Monitoring A BID8 38 58 58 58 58 58 58 58 58 58 58 58 58 58 |

| | Ouc | 0.20 | | TOO EEL MEN D | 1038 | 1104 00/01/120 | r ago ozo | Page 1423 of 1758 |
|---|--|--|------------------------------------|--|--|--|--|---|
| Page: 4 of 35 Printed 10/01/19 at 1352 | The state of the s | From | | | Pā.;; score: | N · d · Cress · · · · · · · · · · · · · · · · · · | TAST TAKEN Y DATE TIME : : : : : : : : : : : : : : : : : : : | |
| irid. | | Sts Directions Documented Timo by Comment Units | (continued) | <pre>(continued)</pre> | Duration Of Pain: Character of Pain: Pain Relleved By: Cause of pain: | 4TIONS : No & ALLERGIES | ### MOUTE FREQUENCY | |
| **** | N | Problem/Goal/Intervention Description Activity Occurred Recorded Type Date Time by Date | Time: 1338 | ic Adrit Assessment W. (13): W. (07): WA WA NO. Latex Allergy Be any food allergies NGA | Are You Having PAIN / DISCOMFORT Now: N Location Of Pain: Pain Frequency: Onset of Pain: Fear most about pain: Who else have you consulted about pain: Who else have you consulted about pain: What treatments might help the pain: Pain scale used to assess pain: | Level of Pain: Cornent: NA Bason (Sep 1 - Ne Level Of Talin: Level Of Pain: Level Of Pain | HOTDALS BEING TAKEN: Y | |
| Willis-Krighton South Nursing **_JVE** | HIVS PRINT ALL NURSING INFORMATION | Problem/Goal From Activity Change Type | Activity Date: 03/10/16 | AS 100522 Pediatric Adi Resp. Rate: 42 HT.(FT): HT.(TX): HT.(TX): HT.(TX): AllergyZ-Wed/Contact: NKA AllergyZ-Wed/Contact: NKA AllergyZ-Wed/Contact: NKA AllergyZ-Wed/Contact: NKA AllergyZ-Wed/Contact: NKA AllergyZ-Wed/Contact: NKA AllergyZ-Wed/Contact: NKA AllergyZ-Wed/Contact: NKA AllergyZ-Wed/Contact: NKA AllergyZ-Wed/Contact: NKA | Are You Having FA Location Of Pein: Pain Frequency: Onset of Pain: Fain Yade Worse By: Prob Who else have you o | Pain Scale Explained; Und Parient's Acceptable J Immunivations Current: Y Flu Vaccine this flu se | CLITERL WEGS OF NEBUTEROL REPORTEROL RE | |
| Ge/Sex: 4Y 04M F Attending: Tran, Starch N.D. Unit #: X000629604 Account #: X02120206 Multted: 03/10/16 at 1132 Location: 5ES | Room/Bed: K.E5514-1 | Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Dete Time by Comment | Activity Date: 03/10/16 Time: 1338 | Podiatric Admit Assessment 03/10/16 1338 ERF 03/10/16 1349 ERF 03/10/16 1338 ERF 03/10/16 1349 ERF 03/10/16 1338 ERF 03/10/16 1349 ERF 03/10/16 1338 ERF 03/10/16 1349 ERF FOR patients presenting with the following symptoms: Fevers or = 100.4 deg 7, Headache, Masche Pain, Vomiting Diatrhea, Abdominal Pain, or Unexplained hemotrhage. Have you or a close contact traveled outside of the continental US or come into contact with an Fbola patient in the past 30 days? N | If the answer is YES, ask where the patient or close contact has traveled. Traveled to Where? If they say Africa, please ask them where in Africa if travel to Guinea, liberia, Nigeria, or Sherra Leone is identified, isolate the patient INVENTATELY and contact the ND, contact the Norman House Supervisor, and Infection Prevention and Control. | Information Obtained from: Nother Node Of Admission: Farent's Arms *Admitted From: Physician Office 1.0. Band Applied: Yes ID Band Applied Bo you have a Barrier to Communication (Y/M): N WK Interpretive Services Needed? Interpretive Services Provides: | Interpreter ID Number: Larguage Preference for Medical Communication: ENGLISH 1 Other, please specify. NA | Name and number of person to notity: What HEALTH PROBLEM Brought You to The Hospital: ASTHAA *Repeat Hospital Admit Within 30 Days: N If yes, When and for What: DX #1: ASTHAA DX #2: URI VITAL SIGNS Blood Pressure: Blood Pressure: Appe Of Pemperature: Axillary Heart Rate: 177 Heart Rate Source: Machine |
| Age/Sex: Obit #: 3 | Status: | Problem/Goa Activity Type | Activity | 100522 - Create - Document | | Informati M M Do you ha | Larguage i | Name What HEALTH PR *Repeat Hospit If yes, When. R DX #1: ASTHAN DX #2: URI Blood Pre Heart |

| 4Y 04W, F Attending: | YAH I. |
|---|--|
| unic #: K03062909.4 Account #: AAZLGZOB Admitted: 03/20/16 at 1132 | South Nursing **LIVE** NURSING INFORMATION |
| Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Charge | Problen/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Time by Comment Units Change |
| Activity Date: 03/10/16 Time: 1338 (continued) | Activity Date: 03/10/16 Time: 1338 (continued) |
| 100522 Fediatric Admit Assessment (continued) Farent Informed Of Policy Regarding Outside Medications: Y Mother's Prenatal History: PRENATAL HYPERTRATION : | 100527 Pediatric Admit Assessment (continued) Urogenital Tract Female: No aunomalities Urogenital Tract Male: No Abnormalities Urogenital Tract Male: No Abnormalities Urination: Normal voiding pattern: Tubes: NA Tubes: NA |
| Does the PATIRY ONLY Have a History of: Birth Defects: N Frematurity: Y G_ Problems: N GU Problems: N Selatures: N *Heart Disease: N Hypertension: N Sickle Cell Trait: N Resp. Problem: Y Psychiatric Disorder(s): N Cancer: N | Resp. Effort: Using Accesory Muscles Respiratory Comment: Using Accessory Muscles Breath Sourds: Wreezing Cough: Moist Cough Secretion Anount: Not Observed Secretion Consistency: Not Observed Tracheostomy: N |
| Diabetes: Note Diabetes Treatment: Does home blood sugars? (Y/N) Have you ever received education about your diet: Have you ever received education about managing diabetes: Was your last HobAlC less than 8%: | Heart Sounds: Regular Heart Sounds: Regular Edema: None Fidema Location: NA Pulse Quality: Normal Pulsation Abnormal Pulse Location (s): NA |
| FAMILY HISTORY Of: Asthma: Y Cancer: Diabotes: Heart Disease: High Blood Pressure: Kithey Problems: Seizures: Psych. Disease: | Transfusion: N Reaction: If Yes, Explain: Capillary Refill greater than 3 soconds: N Location: |
| Other Significant History of: NA: | Is this a PRE-ADX-T Assessment: Y I verify that I have performed a complete skin assessment and documented all findings below. Skin Temperature/Character: Warm & Woist Skin Color: Normal |
| Previous Surgeries: NA PREVIOUS SURGIOAL HISJORY | ressure Ulcer/Skin Impainment on Admit: N If VES, list all location(s) and use the Skin Description lockup and/or Free Text for EACH. If >10 locations, document remaining in a Patient Note. SKIN DESCRIPTION |
| Is the Patient having surgery? N Last Food or Drink Intake: Date: Have you or any of your relatives had any problem with ensethesia/sedation (high fever, difficulty awakening, etc): If YES, explain: | |
| Musculoskeletal / Functional Limitations: None Site Of Abnormality/Limitation 1: Not Applicable Site Of Abnormality/Limitation 2: Not Applicable Gait: Unsteady: N Difficulty Walking: N | Page |
| Nutritional Problems: No Problem Stated GI Problems: Not Applicable Abdomen: Normal Abdomen: Normal Abd. Girti. (cm): Bowel Sounds: Normal Abd. Girti. (cm): Bowel Sounds: Normal Abd. Girti. (cm): Date Of Last Bowel Wovement: 03/09/16 Receiving *This Feeding: N | FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc): SKIN INTACT NO BREAKDOWN NOTED SKIN INTACT NO |
| GENTIOCHEMARY | |

7.10 Years. Is Your Child in The Grade Appropriate For His/Her Age: Has A Friend He/She Plays W\ On A Reg Basis Outside School: 11-13 Years: Is Your Child in The Grade Appropriate For His/Her Age: Does Child Initiate And Complete Tasks Or School Projects:

Does Child Hold An Object In Each Hand & Barg Ihem Together:

12 Months:

Does Your Baby Wave Bye-Bye:
Does Your Baby Wave Bye-Bye:
Does Your Baby Make Dada And Mama Sounds:
Does Baby Stard Up Holding Chito Someone Or Something:

9 Months:

| Willis-Knigtton South Nursing **;IVE** HINS PRINT ALL NURSING INFORMATION | Page: 6 of 35 Nursing **],IVE** G INFORMATION Page: 6 of 35 Page: 6 o |
|---|--|
| Problem/Goal/Intervention Description Sts Directions Prom Activity Occurred Recorded Documented Type Date Time by Comment Units Charge | Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Time by Connect Units Charge |
| line: 1338 (continued) | Activity Date: 03/16/16 Time: 1338 (continued) |
| Pediatric Admit Assessment (continued) | 100522 Pediatric Admit Assessment (contimued) When Child Says Yama/Dada, Is It Said To The Agprop Person: Is Child Able To Stand Alone For At Least Two (2) Seconds: |
| | 18 Months: Does Child Drink From A Regular Cup Without Spilling: Does Your Child Scribble When Given Crayons And Paper: Does Your Child Say Three (3) Words: Can Child Walk All Ine Way Across A. Jg. Km. W/O Falling: |
| Level Of Alertness: Oriented Speech: Normal speech pattern Best Motor Response: Moves All Extremities *Developmentally Delayed: Not Applicable Oriented To. Deventable | 24 Months: Y Is Your Child Able To Remove All His/Her Clothes: Yes Is Child Able To Stack 4 Objects, Blocks,On Top Of Ea Other: Yes Does Your Child Ocholine Words: Yes Is Your Child Able To Xick A Ball Forward: Yes |
| DEVELOPMENTAL ASSESSMENT egory. Review abnormal results With ND at next rounds. | 3 Years: Is Your Child Able To Wash And Dry His/Her Hands: Is Your Child Able To Name At Least Four Items In A Book: Does Child Comprehend At Least 2 Action Words, ie Dog Barks: Is Your Child Able To Throw A Ball Overhand: |
| Does Your Baby Have A Tendency To 'Root' When Hungry: Does Your Baby Jurn His/Her Head Toward Sound Of Volces: Do Baby's Pyes Move In Same Direction He/She Moves Head: Does Baby Grasp Objects Inat Touches Palm Of His/Her Hand: | <pre>4 Years:</pre> |
| 3 Months: Is Baby Able To Hold Its Head Steady When in Sitting Pos.: Does Your Baby Follow Moving Objects With Its Eyes: Does Your Baby Make Any Sounds Besides Crying And Cooing: Does Your Baby Match Its Own Hands: | S Years: Does Crild Play Board/Card Games With You / Other Children: Is Child Abie To Draw The Head & 2 Other Parts Of A Person: Is Your Child Able To Name Four Different Colors: Can Your Child Able To Name Four Child Broad Jump: |
| Does Your Baby Reach For Objects Out Of Its Reach: Does Your Baby See Small Objects, Such As Raisins: Does Baby Respond to Sound By Turning Head in Dir. Of Sound: Does Your Baby Indiate Speech Sounds: | 6 Years: Car Your Child Copy A Square: Can Your Child Repeat Five Numbers in Proper Sequence: Is Your Child Able To Define Words, Ie. Benara Is A Fruit: Can Your Child Skie: |
| | |